



UNIVERSITY OF CAPE TOWN

**Experiences of student nurses in Malawi in caring for
HIV/AIDS patients**

Research report

By

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requirements for the degree of Master of Science in Nursing**

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ABSTRACT

EXPERIENCES OF STUDENT NURSES IN MALAWI IN CARING FOR HIV/AIDS PATIENTS

The aim of the study was to explore and describe the experiences of student nurses in Malawi in caring for HIV/AIDS patients. The study design was qualitative using the descriptive phenomenological tradition. Participation in the study was voluntary. Anonymity was maintained by use of code numbers on participants' responses while confidentiality was maintained by limiting access to the interview data to the researcher and her supervisor. Participants were recruited from Nkhoma, Zomba and St. Luke's Colleges of Nursing in Malawi. A purposive random sample of fifteen final year students in a three-year training programme for enrolled nurses was recruited into the study.

Data was collected through interviews. English language was used because the participants received their instruction in English and were able to express themselves in this language. For the participants who responded in Chichewa, their mother tongue, were allowed to do so and translations were made accordingly in the transcripts. An open-ended question was used to obtain information about the participants' personal experiences in caring for HIV/AIDS patients. The open-ended question was: "*tell me about your experiences in caring for HIV/AIDS patients.*" Participants' responses were tape-recorded and then transcribed verbatim. Trustworthiness was ensured by means of member checking, peer debriefing and triangulation. Data was analyzed using Colaizzi's (1978) content analysis. Themes which emerged were: valuing the patient, feeling for the patient, providing holistic care, patients' mood changes, fear of contracting HIV and obstacles to provision of care. Participants expressed acceptance and valuing of HIV/AIDS patients as human beings who like themselves deserved care and support. Participants had emotional feelings for the patients such as sympathy and also felt sorry but helpless. Participants experienced caring for HIV/AIDS patients as dealing with a situation in which the patient eventually dies and this caused the participants to have no control over the situation. Despite this lack of control, providing holistic care was seen as

important to the care of the HIV/AIDS patients. However, in providing the care they also had fear of contracting HIV. This fear was compounded by constant lack of protective supplies such as gloves to provide protection when providing care to these patients. The findings suggested the students felt sympathy for the patients and had not progressed to the level of empathy. Sympathy involves assuming the feelings of the patient, losing self identity, and having feelings of sorrow or pity while empathy on the other hand is the capacity to understand another's feelings and involves being sensitive to but not a part of the other person's feeling and to the changes in these feelings. Thus because of their intense sympathy for the patients the participants were rendered helpless.

Recommendations were made according to findings. Some of the recommendations were: The nursing curriculum should be reviewed to include opportunities for the development of skills to enable students to handle emotional challenges inherent in the care of HIV/AIDS patients; qualified nurses should avail the necessary support for students especially when it is the first time that the students are in contact with HIV/AIDS patients and that the academic service institutions should make sure that adequate medical supplies and protective equipment are available for the provision of quality care, as well as prevention of HIV transmission.

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5. Approval letter from Kamuzu College of Nursing Research and Publications Committee.
6. Approval letter from the Malawi College of Medicine Research and Ethics Committee.
7. Significant statements, sub-themes and themes from the interviews.

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CHAPTER 1: INTRODUCTION

1.1 Background to the study

In countries with high Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) prevalence, health workers, auxiliary staff and managers are all under pressure to cope with the impact of HIV/AIDS. HIV/AIDS has led to more patients requiring treatment and care, but often with lower budgets and staff shortages due to HIV-related illness (Whiteside, 1997:1). Nursing the HIV/AIDS infected patient has been problematic for health professionals ever since the disease was first identified in the early eighties. In a longitudinal evaluation of research studies, Sherman and Quellette(1999:6), found that a high level of anxiety and general helplessness haunted health professionals. This was found to be due to lack of knowledge regarding routes of transmission, incubation period, and effective treatment and outcomes. HIV/AIDS creates its emotional stresses for health professionals such as the sadness of seeing people die, the fear of getting HIV, and the stigma attached to HIV/AIDS. (Whiteside, 1997:1). Student nurses therefore may also be subjected and vulnerable to similar emotional stresses that the health professionals experience as they come into contact with HIV/AIDS patients on each and every contact occasion. In addition, caring for HIV/AIDS patients also holds significant meanings to those who provide care to the patients such as student nurses.

1.2 Global, regional and local HIV/AIDS situation

HIV/AIDS is a major problem worldwide. In December 2003 World Health Organisation figures showed that there are forty million people living with HIV/AIDS worldwide. Out of these, thirty seven million are adults and over two million are children under fifteen years of age. In the same year there were a total of six million people newly infected with HIV. Over four million people were adults and seven hundred thousand were children under fifteen years of age. There were three million deaths due to AIDS. Over two million deaths were adults while

children under fifteen years of age accounted for five hundred thousand deaths (World Health Organization, 2003).

In Sub-Saharan Africa, there were 26 - 28.2 million people living with HIV/AIDS in 2003. There were 2.0 - 2.4 million newly infected people. Adult HIV/AIDS prevalence was 7.9 - 8.6%. Adult and child deaths due to AIDS were between 2.2 - 2.4 million people (World Health Organization, 2003). The regional figures indicate that Sub-Saharan Africa has the highest HIV prevalence in the world.

Malawi is one of the developing nations in the sub-Saharan African region. Statistics show that Malawi has a high incidence of the HIV/AIDS epidemic. According to the National AIDS Commission of Malawi (2004:6) the prevalence of HIV/AIDS among all adults aged 15 to 49 years in Malawi is 14.4 percent. The prevalence of 15% in 2001 and 14.45 in 2003 do not represent a change, but suggest stable prevalence. Prevalence is higher in urban areas at 23% than in rural, which is at 12.4%. These levels imply that about 900,000 Malawians are infected with HIV today. About 500,000 people have died since the start of the epidemic in 1985 (National AIDS Commission of Malawi, 2004:6). With the increasing rate of HIV, it follows that health care workers are expected to provide care to more HIV infected patients. The increasing numbers of people living with HIV/AIDS present a challenge to health professionals as they strive to do their best while caring for these patients. Likewise, student nurses may be faced with similar challenges of caring for HIV/AIDS patients.

1.3 Statement of the problem

A study by Van Servellen, Lewis and Leake (1988:5) surveyed 1200 Registered Nurses and found that more than one third of the surveyed nurses experienced moderate to marked discomfort caring for AIDS patients. One quarter said they would absolutely refuse such an assignment, while 10% said they would accept the assignment reluctantly. More than half thought nurses should be given an option of either nursing AIDS patients or not. On the other extreme is the well-established

teaching that nurses have a moral and ethical responsibility to care for all people, including those with HIV/AIDS (Overall and Zion, 1991). Evian (1993:216) stated that health care workers are expected to receive and treat HIV/AIDS patients with respect, dignity, sensitivity and kindness. Considering that student nurses take their cues from their mentors (the registered nurses), in the clinical area, the conflicting nature of these statements may influence significant development of unique experiences by the students. The nature of such experiences can only be expressed by the students themselves. It is the researcher's perception that there is still a reluctance to openly discuss the disease, as well as discussing own fears and concerns for fear of labelling. Student nurses may be left to internalize their concerns, and function without the support they so badly need, be it educational, emotional or social. An investigation involving the experiences of student nurses caring for HIV/AIDS patients in Malawi has not been done on the cadre of enrolled student nurses. This study is being undertaken to explore and describe the experiences of student nurses in Malawi in caring for HIV/AIDS patients.

1.4 Research question

What are the experiences of student nurses in Malawi in caring for HIV/AIDS patients?

1.5 Aim of the study

The aim of the study was to explore and describe the lived experiences of student nurses in Malawi in caring for HIV/AIDS patients.

1.6 Objective of the study

The objective of the study was to identify and describe the lived experiences of student nurses in Malawi in caring for HIV/AIDS patients.

1.7 Significance of the study

According to HIV/AIDS statistics in Malawi, there is an indication that there is a high infected patient load which makes health professionals to care for HIV/AIDS at one point or the other during their day-to-day patient encounters. The study focused on the experiences of student nurses in Malawi in caring for HIV/AIDS patients. The exploration of their experiences has enabled the identification of problem areas that need improvement, in order to nurture this potential group of health professionals.

The findings of this study maybe used to improve the design, content, approaches and other curriculum related activities pertaining to nursing education thereby indirectly benefiting the health care of people living with HIV/AIDS.

1.8 Definition of key concepts

In the study the following key concepts were defined as follows:

Experience: Something personally encountered, undergone or lived through. It is an event or activity that affects one in some way (Hornby, 1995:404).

Student nurse: An individual undergoing enrolled nursing training program in Malawi who is awarded a certificate at enrolled level and is enrolled and/or legally licensed to practise nursing by the Nurses and Midwives Council of Malawi. After graduating, this individual works under the supervision of a Registered Nurse or professional officer (Nurses and Midwives Council of Malawi, 2005: 11).

Caring: Providing for the needs of patients with the aim of promoting, restoring and maintaining health and wellness (Craven & Hirnle, 1992: 18).

HIV: HIV stands for Human Immunodeficiency Virus. HIV is a retrovirus that can be transmitted from one person to another through blood, semen and vaginal fluids. It can also be transmitted from mother to child through breast feeding. Once in the body, the virus uses CD4 cells of the body's immune system to replicate itself, and in the process destroys these cells. The CD4 cells are vital as they coordinate the body's immune system protecting the body from illness. As the amount of HIV in the body increases, the number of CD4 cells decreases, weakening the immune system even further (Evian, 1993:6).

AIDS: AIDS stands for Acquired Immune Deficiency Syndrome. AIDS is an aggregate of signs and symptoms and illnesses resulting from a compromised immune system. As HIV weakens the immune system, a person with HIV develops a number of infections that the body would normally be able to fight. These are known as opportunistic infections. When a person's immune system has deteriorated so much that he or she starts becoming ill with life threatening infections and / or cancers, he/she is said to have AIDS (Evian, 1993:7).

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

The literature review presents discussion of the phenomenon of caring and some previous research done on HIV/AIDS under the following subheadings: HIV/AIDS related stigma; HIV/AIDS related fears; attitudes related to HIV/AIDS patient care; HIV/AIDS related stress and coping and support in HIV/AIDS patient care. This review of the listed subheadings will give an overview of the experience of caring for HIV/AIDS patients.

2.2 The phenomenon of caring

The subject of caring in nursing has been explored from several points of view which in turn may be seen to offer a philosophical, a psychological and an anthropological perspective (Forrest, 1989:815). Forrest (1989:815) explains that the approaches to the topic are by no means discreet, but rather overlap and complement each other. As a supporter of the philosophical approach, Roach (1997:47) expresses caring as the human mode of being and indicates this perception involves an ontology of caring. Roach (1997:47) suggests caring entails the following: the capacity to care, the calling of this capacity in oneself and others, responsivity, actualization of the capacity for caring, and the manifestation of caring in specific, concrete acts. Roach explains that the desire to care is human and that the capacity to care, like other human capacities, must be affirmed and actualized. Roach (1997:48) continues to explain that caring behaviour in nursing is manifested through the attributes of compassion, competence, confidence, conscience and commitment.

Psychological perspective on caring proposed by Watson (1985a) holds that caring represents both art and science and is effectively demonstrated and practiced only interpersonally. According to Watson (1985a) caring is the moral ideal of nursing whereby the end is protection, enhancement, and preservation of human dignity. Human caring involves values, a will, and a commitment to care, knowledge, caring

actions and consequences. Both nurses and patient have the potential to benefit and grow within the caring process. Watson (1985a) described the combination of interventions related to human caring as carative factors indicating these factors are actualized through the interventions, will, values and commitments of the nurse. The term carative is used in contrast to the more common term curative to help the student to differentiate nursing and medicine (Watson, 1985a). The carative factors are the factors that the nurse uses in the delivery of health care to the patient. Carative factors aim at the caring process that helps the person attain (maintain) health or die a peaceful death. The following are the carative factors as described by Watson (1985a): the formation of a humanistic-altruistic system of values; the instillation of faith-hope; the cultivation of sensitivity to ones self and to others; the development of a helping–trust relationship; the promotion and acceptance of the expression of positive and negative feelings; the systematic use of the scientific problem solving method for decision making; the promotion of interpersonal teaching-learning; the provision for a supportive, protective and corrective mental physical sociocultural and spiritual environment; assistance with the gratification of human needs and the allowance for existential phenomenology

Leininger (1988) has defined caring from an anthropological point of view as assistive, supportive or facilitative acts towards or for another individual or group with evident or anticipated needs to or improve a human condition or way of life. According to Leininger, caring is a universal phenomenon, but the expressions, processes, and patterns vary among cultures. Leininger (1988) states that caring has biophysical, psychological, cultural, social, and environmental dimensions which can be studied and practiced to provide holistic care to people.

Swanson (1991:165) defined caring as a nurturing way of relating to a valued other toward whom one feels a personal sense of commitment and responsibility. There are five caring processes which were identified by Swanson (1991:163) these are: knowing or striving to understand an event as it has meaning in the life of the other; being with or being emotionally present to the other; doing for the other as he/she

would do for the self if it were at all possible; enabling or facilitating the other passage through life transition and unfamiliar events; maintaining belief or sustaining faith in the other's capacity to get through an event or transition and face a future with meaning.

The above definitions and descriptions of caring from different authors suggest that caring is a difficult concept to measure as each of the authors has his/her own worldview. Wilkes and Wallis (1998:582) studied caring from the nursing students' perspective. Compassion as the core of caring was actualized in the students' nursing of patients by communicating, providing, comfort, being competent, being committed, having conscience, being confident and being courageous. Chipman (1991:171) found that nursing students perceived caring as; giving of self; meeting patients' needs in a timely fashion; providing comfort measures for patients and their families.

McCance, McKenna and Boore (1997:244) conducted a study to clarify the meaning of caring in nursing using concept analysis. In this study they identified four critical attributes of caring: serious attention; concern; providing for; and getting to know the patient. Further more, amount of time, respect for persons and intention to care were identified as prerequisites of caring.

While caring in general has been described, caring specific to HIV/AIDS patients and how student nurses and other health workers experience the encounters of caring for HIV/AIDS patients will be discussed in the following sections.

2.3 HIV/AIDS related stigma

The epidemic of HIV and AIDS has been accompanied by social responses of fear, anxiety and denial. The fears and anxieties about HIV/AIDS have spread so much because of the stigma attached to the epidemic. Illnesses such as AIDS that are life threatening and difficult to treat, explain and control often come to symbolise more general anxieties in modern society (Helman, 2000:347). Helman (2000:347) continues to explain that in popular perception, AIDS has become more than just a

clinical condition. In effect it has become a collection of metaphors for what is considered socially and morally wrong with society. The metaphors are about pollution from the outside and include such statements as AIDS being perceived as a plague, a destructive invisible force that brings chaos and the breakdown of ordered society, an invisible contagion transmitted by an infected person. The other metaphor is AIDS as a moral punishment on stigmatised minorities such as prostitutes and gays. Their symbolic associations of the metaphors have serious effect on how people suffering from the illness are perceived and treated by others. The implication of the metaphors to nursing students is that they might come in the field of nursing with the same perceptions of the general society and treat the HIV/AIDS patients the way the society perceives them.

2.4 HIV/AIDS related fears

A study by Simeza (2002:25) on students' perceptions and experiences of caring for HIV/AIDS patients at two central hospitals in Malawi, revealed that students' experience of providing care was tough, difficult and challenging because of limited knowledge, unexpected personal and patient responses. Experience was characterized by intense fear of being infected, breaking of patients' confidentiality, privacy and protection of one's own and patients' emotions. The fear was exhibited in the formative years of the students' nursing program and tapered off in the senior years. The study recommended that the system of not giving student nurses options to care for HIV/AIDS patients should be promoted and emphasized so that the students gain experience, knowledge and skills on how to handle AIDS patients and how to protect themselves from getting infected during provision of care. This in turn helps them develop confidence, positivity and consequently, improved nursing care of HIV/AIDS patients.

Another study by Breault and Polifroni (1992:24) found that all the subjects interviewed reported a degree of fear and perceived risk associated with caring for patients with AIDS. Subjects expressed concern that they might put their spouse and/or children at risk by their caring for HIV/AIDS patients. Some respondents said

they experienced anxiety regarding the potential risks to children that they may decide to have later in life. Similar to these findings, Van Wissen and Woodman (1994:1144) found that the majority of nurses openly stated that they were apprehensive when they considered nursing an HIV positive patient. Nurses were often apprehensive about working with HIV positive patients because they were not able to express their fears openly due to unsympathetic colleagues. A study done by McCann (1999:356) found that although staff would not refuse care to patients with HIV/AIDS, some displayed reluctance to deal with these patients and expressed the belief that they should not be compelled to work with patients with this syndrome. Similarly a study by Melby, Boore, and Murray (1992:1068) revealed that nurses were not extremely worried about AIDS in general, but indicated that they would still employ rather restrictive infection control measures if they had to care for HIV/AIDS patients.

2.5 Attitudes related to HIV/AIDS patient care

By recognizing both the positive and difficult aspects of HIV care, members of the healthcare team can be more effective in caring for patients and for themselves. Previous exposure to nursing the HIV/AIDS patient was increasingly found to bring about greater preparedness to care. Thus, having some experience of working with HIV/AIDS patients fosters positive attitudes in health professionals. Studying the HIV/AIDS care intentions of 145 community health nurses, Laschinger et al (1995:156), found that previous experience in caring for the HIV/AIDS patient was associated with stronger care intentions, which was most encouraging. A study by McCann (1997:1036) showed that experience in caring for and treating patients with HIV/AIDS provides the opportunity to develop more positive attitudes and become more open-minded towards these individuals. It also provides the chance to gain knowledge and experience with the syndrome.

In 1990, Gignac and Oermann did a study in which they found that nursing students with more knowledge about AIDS expressed greater willingness to care for AIDS patients. They observed that students in the senior year of the nursing program had

significantly higher scores of willingness to care for persons with AIDS than students in other parts of the program and faculty. Similarly, Lohrmann, Dassen, and Peate (2000:697), found that students with a high knowledge level had less negative attitudes and less homophobia than those with a low knowledge level. In addition these authors found that students with positive attitudes towards people with HIV/AIDS had less homophobia and were more willing to care for HIV patients. Thus students with high homophobia were less willing to do so. It was therefore recommended that particular emphasis should be put on the attitudinal training of nursing students to develop positive attitudes towards people with AIDS.

In contrast to the above studies, some studies have shown unwillingness of nurses to care for patients with atypical lifestyles such as homosexuality or prostitution. Cole and Slocumb (1993:1115) did a survey to determine if nurses' attitudes towards patients with AIDS vary according to the mode of acquiring the virus. Significant differences were found in nurses' attitudes towards AIDS patients depending on the manner of acquiring the virus. Thus attitudes were more positive if a patient acquired HIV through a blood transfusion, than if someone acquired it through homosexuality or intravenous drug use. There was a strong feeling among nurses that drug abusers and prostitutes were at least partly responsible for their illness. In addition, McCann (1997:1035) found that observing other staff dealing with patients with HIV/AIDS in a discriminatory manner, influences some staff and their attitudes against being more willing to empathise with these patients. A significant finding by the same study showed that for health care professionals who are in the early stages of developing their reactions to HIV/AIDS, adverse influences from qualified health workers may prove an effective deterrent to providing care and treatment. Melby, Boore and Murray (1992:1075) concluded that measures to eliminate fear of AIDS and subsequently the fear of nursing AIDS patients, along with educational objectives that foster more positive attitudes towards minority subcultures, appears to be the solution to ensure high quality nursing care of patients with AIDS. Therefore nursing education must be presented in a manner that promotes non-judgemental attitudes.

The reviewed literature reveals that fear of contagion and assumptions about atypical lifestyles are some factors that reinforce negative attitudes towards HIV/AIDS patients. The consequence of the stigma for HIV/AIDS patients is the possibility that nurses and doctors could perceive them as less deserving of care than other patients which could lead to discriminatory care (McCann, 1999; Miller, 2000). It follows that HIV/AIDS patients may not receive treatment equal to that of HIV negative patients and discrimination could be seen in ways such as being subjected to negative attitudes, being avoided by staff or having extreme precautions taken by staff when interacting with them.

2.6 HIV/AIDS related stress

Caregivers find that caring for HIV/AIDS patients can be rewarding but also stressful and frustrating. Bellani, Furlani, Gnechi, Pezzotta, Trotti and Bellotti (1996:207) indicated that occupational stress and burnout appear to be manifesting in the AIDS field more strongly than in any other field in the medical profession. Occupational stress and burnout are seen as important factors affecting the quality of work in the care of HIV/AIDS patients. HIV/AIDS caregivers commonly report symptoms of chronic work stress such as physical exhaustion and headaches (Silverman, 1993:708). Apart from the physical symptoms, the caregivers also manifest behavioural symptoms that include increased alcohol abuse, marital and relationship problems as well as high turnover and absenteeism (Silverman, 1993:709).

The fear of contagion is often mentioned as a stressor in HIV/AIDS care. McCann and Sharkey (1998:267) did a study amongst nurses in Asian countries and found that fear of contagion increased when more invasive procedures are being carried out and also that multiple levels of infection control protocols are used with patients. As stipulated by the International Council of Nurses (1996), staff are required to comply with infection control guidelines in their work in order to ensure their safety and that they are protected from the risk of contracting diseases such as HIV/AIDS. These guidelines must be followed when handling blood or body fluids or caring for a

bleeding patient and involve the wearing of protective gloves, gowns, and eye wear, the use of disinfectant and puncture resistant containers for needles (International Council of Nurses, 1996).

Bellani et al (1996:207) in their study found that some feelings and emotional reactions regarding AIDS patients such as the fear of contagion are significantly associated with chronic work stress. Norman and Leonard (2004) argued that anyone caring for HIV/AIDS patients faces significant challenges whatever their area of practice. Nurses in particular are being required to assume an expanded role in advocacy and counselling. This is particularly stressful when patients and staff are from the same community and may know each other well. They may also have difficulty dealing with patients' emotional traumas. In some cases health staff may dislike or feel a great social distance from patients such as commercial sex workers and patients with sexually transmitted infections. They may have religious, moral, or cultural objections to the advice they are expected to give, for example concerning the use of condoms or sexual behaviour. In addition, nursing staff is confronted with a range of issues associated with the care of terminally ill and dying patients when caring for HIV/AIDS patients (Norman & Leonard, 2004).

Nurses' involvement with the distressed family and friends of HIV/AIDS patients has been observed as a major source of stress in HIV/AIDS patient care (Miller, 2000:120). Working with the dying people puts caregivers in touch with personal loss and evokes unresolved feelings and anxieties about death. In this situation, caregivers consider themselves at risk and are constantly reminded of their own possible death and their own vulnerability through their work with severely ill HIV/AIDS patients. It could be said that health workers are faced with a paradox. A profession instituted to care for the ill, ponders whether it has a duty to care for the desperately ill HIV/AIDS patients (Overall & Zion, 1991).

2.7 Coping and support in HIV/AIDS patient care

Part of coping effectively with feelings of stress is being in a supportive work environment that understands the importance of emotional expression (Van Dyk, 2001). Years of conditioning may have taught nurses that outward displays of emotion are unacceptable, resulting in them suppressing their true feelings. The death of a patient can cause nurses to discredit the care they provided and to question if everything possible was done. Learning to deal with feelings of guilt is important and has considerable effect on the quality of future care provided (Van Dyk, 2001). Though health workers may have responded with sensitivity and compassion, they may still require assistance in handling the stress and fears caused by caring for HIV/AIDS patients if they are to adapt and cope.

Caregivers need support to help them do their jobs well, avoid burnout and keep themselves from infection (Family Health International, 2004). It is advocated that health care workers be taught coping skills which involve personal agency rather than relying on external factors to reduce stress. Such a style of coping involves believing that they can make a difference to their patients, rather than having a pessimistic attitude. This shift allows health care providers to perceive their actions as important and healing, even when they do not lead to cure (Bennett, Ross and Sunderland, 1996:147). Van Dyk (1993) identifies self-awareness and realistic expectations of self as important to coping with work stress. Setting attainable goals for work with patients requires recognition that in the context of HIV/AIDS, the emphasis needs to be on caring and not curing. There is also a need to clarify on the expanded role of the nurse so that nurses do not impose unfair expectations of themselves (van Dyk, 1993). A study done by Bennett et al (1996:150) revealed a strong link between reward and end-stage occupational stress. Staff suffering from chronic stress were the ones who lacked social support and felt unrewarded and unrecognised in their work. Staff who had social support from their families, friends and the institution in which they worked, found their work with AIDS patients rewarding. In this study staff expressed a need for understanding and support from hospital administration. Miller (2000) found that support from supervisors was most

significant in reducing the effects of work stress. Miller concluded that having support in the work place was associated with nurses being able to be empathetic towards patients, rather than being detached about patients' needs.

2.8 Summary of the literature review

The reviewed literature indicates that nurses are expected to cope with difficult aspects of HIV/AIDS patient care such as caring for the terminally ill patients that causes emotional distress. Society's fear of death and illness and the resulting stigma and fear of contagion associated with HIV/AIDS care are all issues which will impact on health care providers who give care to HIV/AIDS patients. Institutions of nursing have a duty to acknowledge that their students may experience similar fears when they are providing care to HIV/AIDS patients. In view of the above research findings therefore, colleges of nursing as educational institutions have a responsibility towards their students to provide them with support while caring for HIV/AIDS patients.

CHAPTER 3: METHODOLOGY

3.1 Introduction

This chapter describes the following empirical processes undertaken in this study: study design, the setting, population, sampling and sample, recruitment of participants, ethical considerations, data collection method, data management and analysis, and trustworthiness.

3.2 Study design

This is a qualitative descriptive study based on phenomenological tradition. A phenomenological study describes the meaning of lived experiences of individuals about a concept or phenomenon (Creswell, 1998:51). Therefore the aim of phenomenological research is to seek, understand and interpret the lived experience and its meaning (Munhall, 1994:17). In this study, the phenomenological tradition was appropriate, as the researcher sought to understand experiences of students in caring for HIV/AIDS patients.

3.3 The setting

The study was conducted at three nursing colleges in Malawi. Malawi has ten Nursing and Midwifery training institutions. Some colleges of nursing are governed by the Malawi government administration while others belong to the Christian Hospitals Association of Malawi administration. There is one training college, the Kamuzu College of Nursing, which is under the University of Malawi administration. The training institutions that are under the Malawi government administration and the Christian Hospitals Association of Malawi administration run a two-year programme in general nursing followed by one-year midwifery training. Graduates from these Nursing and Midwifery training institutions are called enrolled nurses. The Kamuzu College of Nursing on the other hand runs several programmes which are: a four-year generic degree programme in Nursing; a two year mature entry programme for bachelor of science in nursing; a two year diploma in nursing

programme to upgrade enrolled nurses and a one year midwifery programme for those already in possession of the generic degree qualification. Graduates from Kamuzu College of Nursing are called registered nurses.

3.4 Population

The study population were enrolled student nurses in the final year of their training programme. The students both male and female aged between twenty two and thirty eight years. This population of student nurses was targeted because of the conviction that being in their final year, they were at an advanced level of their respective nursing programme and had therefore acquired the necessary understanding and theoretical knowledge on the care of people living with HIV/AIDS. It was also an expectation that at this point of the programme they have cared for and gathered adequate clinical experience in the care of HIV/AIDS patients. It was necessary to target this population because the participants would give a comprehensive description and detailed accounts of their experiences of caring for HIV/AIDS patients.

3.5 Sampling and sample

Three colleges of nursing were sampled from the colleges of nursing that run enrolled nursing programmes. The colleges were: Nkhoma College of Nursing, St. Luke's College of Nursing and Zomba College of Nursing. The researcher included a college which is run by the government administration, the other two are run by the Christian Association of Malawi but belonging to different faiths which are Catholics and Protestants. Zomba College of Nursing belongs to the government administration; Nkhoma College of Nursing belongs to the protestant faith while St Lukes College of Nursing belongs to the Catholic faith. From these three institutions a purposive random sample of fifteen participants was recruited. Five participants were recruited from each of the three colleges that were sampled. Only those students indicating willingness to participate were admitted to the study. In all the colleges, more than five students indicated willingness to participate. To ensure that

every student had an equal chance of being chosen in the study, the researcher randomly selected the participants. This was done by making a list of the students who indicated willingness to participate. From this list every third or fourth student was recruited into the study. For instance, there were fifteen final year students at St Luke's College of Nursing and every third student was selected. There were twenty one students from Nkhoma College of Nursing and every fourth student was recruited. In this way, five students were randomly recruited from each college. All the participants were Christians and had prior experience in caring for HIV/AIDS patients.

The inclusion criteria were as follows: (i) nursing students in the final year of their programme and (ii) students having cared for HIV/AIDS patients and were willing to participate in the study

3.6 Gaining access to the study sites

This proposed study was introduced to the principals of the three sampled Nursing and Midwifery training institutions of nursing in Malawi in writing (appendix 1). In the case of Nkhoma College of Nursing the letter was followed with a telephone call. The telephone call was made because the researcher felt they might not receive the request letter on time because of the bad condition the road to this place causing the mail to take time to reach its destination. An explanation was given about the purpose of the study and its objectives.

3.7 Recruitment of participants

The researcher explained the purpose of the study and its objectives to the students at each of the three institutions. The venue of this exercise was allocated by the heads of each institution. After the explanation and clarifications the researcher requested for five participants, through voluntary wish to participate in the research. Arrangements for the interview were then made with the students. The researcher allocated date and time for each student so that all those included in the study would know the exact date, time and venue of the interviews. On the day of interviews

informed consent was obtained, and anonymity and confidentiality assured. Thereafter, face-to-face, audio taped interviews were conducted.

3.8 Ethical considerations

Before commencing the study, ethical approval for the study was sought from the University of Cape Town Research and Ethics Committee, Kamuzu College of Nursing Research and Publications Committee and the Malawi College of Medicine Research and Ethics Committee. Permission was also sought from the colleges of nursing to conduct the study on their students. After explaining about the risks and benefits of the study, participants signed an individual written consent (appendix 3). Consent for tape recording the interviews was obtained from participants before starting the interviews. Interviews were conducted in a private room. For purposes of maintaining anonymity of responses of each participant, numerical codes were used to label the tapes. A list of the participant's names and corresponding numerical codes were stored in a drawer separately from the tapes in the researcher's office. The reason for doing this was to ensure that the tapes could not be linked to the participants' list. The drawers were kept locked and only the researcher had access to the tapes and the participants' list. Upon completion of the study, the tapes, transcripts and participant list will be destroyed. The tapes and transcripts will be destroyed after one year of completion of the study.

3.9 Informed consent

An explanation was given to participants about the aim of the study and its objectives. It was emphasized that participation in the study was voluntary; decision to discontinue participating in the study would in no way jeopardise their welfare. The participants were informed that their names would not appear on the interview transcripts and that code numbers would be used to maintain anonymity and confidentiality thus their names could not be linked to any interview transcripts.

3.10 Anticipated benefits and risks of the study

Participants were informed that there would be no direct benefits to them but the findings may influence changes to the nursing curriculum on the care of HIV patients. The likely risk in this study was thought to be the emotional stress that the interview may have on the participants in terms of the ethical conflicts to honestly express their feelings about caring for HIV/AIDS patients and the stereotypes associated with contracting the HIV/AIDS condition. In anticipation of emotional distress that participants may have due to the sensitivity of the topic, counselling services were pre arranged from the existing student health services within the various colleges of nursing.

3.11 Pilot test

A pilot test of the interview question as a data collection tool was done on five students at Nkhoma College of Nursing. The five students were obtained from the explanation meeting the researcher had with the final year students. The students were randomly selected from the potential participants who indicated willingness to participate in the study. The responses from the pilot study were not included in the final analysis of the main study. The pilot test was done in order to establish if the question put to the participants elicited the information required. Below is the question which was asked:

“Tell me about your experiences in caring for HIV/AIDS patients”

The question was found to be able to elicit the necessary information.

3.12 Data collection method

Before data collection the researcher did bracketing (Munhall 1989). Bracketing is described as a process by which the researcher attempts to be, to the extent possible, free of bias, working to recognize bias and control for it (Munhall, 1989, in Brink and Wood, 1989:167). In this present study the researcher wrote down what she

believed about caring for HIV/AIDS patients and set it aside so that it should not influence the study.

The researcher interviewed the participants from each institution at a time. Individual interviews were conducted privately, in a selected quiet room provided by each of the nursing college. A tape recorder was used to record the interviews. The interviews were done in English. English was the preferred language because it is the medium of instruction used in the colleges of nursing in Malawi and the students are found to be able to express themselves better in professional settings in this language. However, one participant preferred to use Chichewa, her mother tongue, and was allowed to do so and this was translated accordingly. Translation was done by the researcher and a Chichewa speaking individual independently. This was to ensure accuracy and truthfulness of the translation previously made by the researcher. Comparison was done between the researcher's and the independent translator's translations. The comparison revealed agreement between the researcher and the independent translator. Participants who preferred to use Chichewa in selected expressions, were allowed to do so and this was translated accordingly.

The researcher posed the following open-ended question to the participants:

“Tell me about your experiences in caring for HIV/AIDS patients”

Probes were used to gather more in-depth information and sought clarification from participants regarding their experiences. The probes also guided and directed the flow of interview towards getting information about the student nurses experiences in caring for HIV/AIDS patients. Field notes were taken to capture non-verbal cues observed during the interview. This improved the quality of data and helped to capture unspoken language from the participant. The duration of the interviews was approximately twenty minutes for each participant. Data collection continued from one institution to the other. Having reached the eleventh participant, there was no new information that was emerging. However the researcher continued to interview four more participants in order to strengthen data saturation.

The data was collected over a period of three weeks to allow for adequate travel time of the researcher to the selected institutions which were geographically separated.

3.13 Data management and analysis

Analysis of data took place simultaneously with data collection. This helped to keep the research directed and improved the quality of subsequent data collection (Lincoln and Guba, 1985). The data analysis in this study followed some guidelines from Creswell (1998) and Colaizzi, (1978). Creswell (1998) explains that data analysis involves reducing an enormous amount of information into categories and themes so that it may be interpreted. Similarly Colaizzi (1978) also explains that meanings are formulated from significant statements and phrases of participants' responses which are organized into sub-themes and themes. Thereafter an exhaustive description of the resulting themes is made to describe the phenomenon under study.

3.14 Transcription

Individual interviews were transcribed verbatim from audiotapes within twenty four hours of each interview. The reason of transcribing the interviews within twenty four hours of tape recording was to allow for more accurate and effective connection between the verbal and non verbal communications. This was also to allow time for the researcher to have access to participants for purposes of validating data before proceeding to the next institution. The nonverbal aspects of the interviews included such things as total silence, pauses, laughter and hesitations.

3.15 Interpretation of the data

The transcripts were read and reread several times in order to understand them in their complete context. Note was taken of the field notes and nonverbal communication associated with the whole responses.

The analysis was based on the phenomenological method recommended by Colaizzi (1978: 59-61) as outlined below:

- The researcher read through each participant's transcript several times to acquire a feeling for their ideas in order to understand them. The researcher went through each interview to find meanings of what the participants said.
- Significant statements that pertained to caring for HIV/AIDS patients were first underlined and then extracted from each transcript. A total of ninety seven statements were extracted from interview number one to interview number fifteen and the statements were numbered sequentially. Meanings were formulated from these significant statements and phrases. Thus the researcher tried to go beyond what was said and made inferences about what the participants implied.
- The formulated meanings were organized into sub-themes. Thus terms referring to similar descriptions were isolated and grouped together as categories. From these categories, themes were formulated and supported appropriately by verbatim statements (appendix 7). The researcher returned to the original descriptions to validate the themes. This involved repeatedly examining and moving significant statements and their formulated meanings into appropriate themes.
- The researcher integrated all the resulting ideas into an exhaustive description of student nurses experiences of caring for HIV/AIDS patients.
- The researcher reduced an exhaustive description of the phenomenon to an essential structure. Thus, a summary of all interviews was made in order to accurately capture the essence of the phenomenon of experiences of student nurses in caring for HIV/AIDS patients. An interpretation of the findings of the study was made.

3.16 Trustworthiness

The researcher did bracketing (Munhall, 1989) before commencing data collection. This means that the researcher clearly identified and laid aside what she thought she knew about the experience of caring for HIV/AIDS patients. The researcher wrote

down what she knew about caring for HIV/AIDS patients and her own experiences in the encounter of caring. This was necessary so that the reality of the participants' perspectives was not biased by the researcher's views and personal convictions.

In order to determine quality, all research needs to be evaluated. While quantitative research is evaluated by determining validity and reliability of the findings, qualitative research is evaluated through a process of trustworthiness (Lincoln and Guba, 1985). Lincoln and Guba (1985) suggest that the concept of trustworthiness be utilized to guide the quest for quality in qualitative research. These authors explain that credibility, transferability, dependability and confirmability form the basis for trustworthiness and provide an effective guide for qualitative researchers to attain quality and effectively evaluate their research.

3.16.1 Credibility

Credibility focuses on the confidence in the truth of the findings, including an accurate understanding of the context (Lincoln and Guba, 1985:315). Lincoln and Guba suggest that the following actions of researchers increase the credibility of a qualitative study: prolonged involvement, triangulation, peer debriefing and member checks. Prolonged involvement means spending enough time to learn about the culture and build trust with those participating in the research because they can only be understood when researchers have invested enough time in the setting. In this study, the researcher has had interactions with the students as she is directly involved with student teaching and clinical supervision at her place of work, Kamuzu College of Nursing. As such the researcher has an understanding of the students and in what type of environment and circumstances these students are practising.

Triangulation allows the use of different approaches and methods in collecting data. For instance, a researcher could both observe and interview participants. For this study the researcher did individual interviews and also took field notes.

Peer debriefing concerns presenting data analysis and conclusions for peer evaluation. For peer debriefing, the researcher identified a colleague who is knowledgeable in qualitative research to analyze the transcripts (the transcripts which the colleague was checking did not have names of participants instead it had code of numbers) and the analyzed data to check if descriptions reflect the experiences of the students. This was done once on all the transcripts and the colleague identified similar findings with what the researcher found. An explanation was given to the colleague to keep in confidence information that she read on the transcripts so that the students' welfare might not be jeopardized. In addition, the colleague did not have access to the list of participants' names that made the transcripts anonymous.

Member checking is achieved by returning to the participants and having them check that their input has been correctly captured. For this study, the researcher on the following day after transcription of the interview returned to the participant to verify if what has been written down was what the participant really meant. All the participants confirmed that the transcribed information represented what they said.

3.16.2 *Transferability*

Transferability refers to whether particular findings from a qualitative study can be transferred to another similar context or situation and still preserves the particularized meanings, interpretations and inferences from the completed study (Leininger, 1994: 106). The researcher has given full details of the methodology followed in this study and trail audit was done based on the approved proposal of the study. The researcher has also provided a thick description necessary to enable someone interested making a transfer to reach a conclusion about whether transfer can be contemplated as a possibility (Lincoln & Guba, 1985:316).

3.16.3 *Dependability*

Lincoln and Guba (1985:316) state that a study can illustrate its dependability if it can be audited, that is, external checks are made if the research procedure was

followed. For this study, observations and methods of analysis were recorded to illustrate the research process that was followed.

3.16.4 *Confirmability*

Confirmability means that data are linked to their sources and that the researcher can establish that the inclusions and interpretations arise directly from them (Lincoln and Guba, 1985). In this study in order to establish confirmability, responses were transcribed verbatim and an inclusion of direct quotations of responses in the findings. Collected data will be kept safe in a locked drawer in the researcher's office while awaiting the outcome of the evaluation of the study so that anyone wishing to confirm any details would have access.

University of Cape Town

CHAPTER 4: FINDINGS

4.1 Introduction

This chapter presents findings of the study. Following the procedure outlined by Colaizzi (1978: 59-61), significant statements and their corresponding formulated meanings were organized into sub-themes and themes (appendix 7). Analysis of the data revealed seven themes that emerged that describe the experiences of student nurses in caring for HIV/AIDS patients. Table 1 below shows themes and sub-themes that merged from the interviews.

Table 1: Themes and sub-themes

No.	Theme	Sub-themes
1.	Valuing the patient	Recognition of patients as deserving humans.
		Mutual acceptance
2.	Feeling for the patient	Sympathy
		Feeling sorry but helpless
3.	Death as eventuality of HIV/AIDS	Death as eventuality of HIV/AIDS
4.	Providing holistic care	Teaching and communication
		Nutrition
		Family involvement
5.	Patients' mood changes	Willingness to assist
6.	Fear of contracting the HIV	Fear of contagion
		Social stigma threat
7.	Obstacles to the provision of care	Inadequate knowledge on HIV/AIDS care
		Lack of medical supplies
		High workload
		Minimal student support
		Denial of HIV/AIDS status

4.2 Theme 1: Valuing the patient

The HIV/AIDS patient was seen as a person who was equal to everybody else and was deserving of care from the participants. Sub-themes in the main theme of valuing the patient were: recognition of patients as deserving humans and mutual acceptance.

4.2.1 *Recognition of patients as deserving humans*

In recognition of the patients as deserving humans, the participant saw caring for the patient as caring for a person who is important and is worthy of the care. The participant saw the HIV/AIDS patient as a person equal to her and as such they needed all the care. They should not be discriminated against because of their disease. Thus they should be treated equally. The patient was seen as someone who deserved to be treated equally as any other person as evidenced by the following comment:

We should not discriminate against HIV/AIDS patients because they are people just like us. These patients are like any person else who comes to hospital for medical care. We need to give them all the care which is appropriate to them, and the care we can afford.

Another participant who recognized that the patient is worthy of the care expressed:

And I show my love when I am caring. I show all my love to the patient, all the needs the patient can need I don't select that may be HIV is a killing disease and I so I don't select I just give care where is necessary. Maybe the patient needs this certain medication on the problem she has I just give care and I don't even show that I don't want to care ... this disease is contagious I just care for the patient. I don't show signs of neglecting them. I just care for everybody but I make sure that I should protect myself or infecting myself or else introducing other infections to the patient since the patient has low immunity, I just prevent them from other diseases.

Another participant explained:

Let's take for example the person has shingles and you need to commence an IV just because he has shingles you are standing a distance away in a discriminatory manner and the patient sees that this person is discriminating against me. But what is needed is that after putting on gloves, you should talk to the patient in a loving manner and also stand close to him at least the person will feel at home. But if you discriminate that's when most people say

they want to go home. It is not that they want to go home but it is because of the way they are being cared for. So I think these people should not be discriminated against, we the health workers should be the first ones to love them for sure.

4.2.2 Mutual acceptance

The participant was also comfortable as she provided care to the patient. When the patient knew that the participant was comfortable with her, the patient opened up to the participant because he knew that he was being cared for as a human being and verbalized his concerns as one participant notes in the following quote:

I don't have it [fear] anymore because I also see that when you are treating that patient like the other patients, that patient also becomes open to you and he or she expresses himself very well and sometimes 'monga ma patient omwe umawasala mwina amatha kufa msanga chifukwa cha mmene akuwapangira treat mzipatala komano ngati iweyo amene ukuwapanga treat ngati as a nurse or as a doctor or as anybody else amaona kutinso at least ndine munthu ofunikira' [if you discriminate against patients they might die early because of the way you re treating them in the hospital but if you as a doctor or nurse are treating them well as anybody else she feels that I am an important person].

Another respondent said:

In the wards I feel comfortable because mostly I find everything that is necessary for my protection as well as the patient. Of course here and there our hospitals run short of gloves things like those small ones but within a while they are resupplied. Because we have come to accept that HIV/AIDS is among us at least for now me I accept it to say I care for those patients [without any problems].

Another also commented similar feelings for the patient by saying:

We take them as ourselves because we are affected in one way or the other. And even myself I have seen a lot of friends even at home who have died

because of this HIV/AIDS, and I don't have any problem in caring for these HIV patients provided precautionary measure are there.

4.3 Theme 2: Feeling for the patient

Sub-themes from this theme were: sympathy and feeling sorry but helpless.

4.3.1 Sympathy

The students were sympathetic about the suffering which the patients were going through but there was not much that the participant could do apart from giving them support and symptomatic relief of their problems.

I do sympathise with them but I can't do any more care to assist them, I just provide support and assist on the problems they have, because I know as of now we don't have medication which can cure this disease but I just give support and provide information which is necessary for them to prevent increasing the virus in their body

And

Only that the feeling is that you can see one patient recovering and see another patient dying but the care that they get is the same because you care for them symptomatically. The other patient presents with fever, you treat them equally you care for the patients but the difference is the feeling that you have because you know that this patient is HIV positive and the other one is negative.

4.3.2 Feeling sorry but helpless

A number of the participants expressed their feeling of pity associated with observing the pain and suffering of HIV/AIDS patients. This feeling of compassion expressed by participants was not limited to their patients, but was sometimes also extended to include the family members of these patients. The participants felt sorry for the patient that he was suffering and they knew that they have a terminal illness that would result in death.

What I feel is 'ndimamva chisoni' I feel sorry (when in contact with HIV/AIDS patients) When this patient is terminally ill and if there is nothing we can do we just help him to die peacefully. If there is some treatment like the NGTs[Nasal gastric tubes] and whatever to let him die peacefully, we do that. In fact you don't want him to die but there is nothing you can do apart from what you are doing.

Another said:

Me, I feel sorry for this patient but I don't want to show that I know that this disease it's a deadly disease really but I don't want to show them that they are going to die I just encourage them and provide any care which is necessary.

This sorrow of participants was accompanied by helplessness because they felt that even though they provided care to the patient the eventual result was death of the patient. This was compounded by the fact that there is no cure yet for AIDS. Though there is no cure yet for HIV, still more the patients need to be helped in the best manner possible.

Talk of a person with KS [kaposi's sarcoma] you find that this person is really in pain but there is not much that you can do for that you may want to do more to relieve that person from that pain but you find that you have limitation, there is nothing you can do. I am really touched and sometimes I even think God, maybe if you would only you can do something to end this disease. I am really touched...

Another participant expressing helplessness said:

Of course we treat them symptomatically but you don't enjoy treating them because you know that in the long run in the end of everything they still die. So it hasn't been nice you treat them because they are human beings they

need the treatment they need that care but you don't enjoy treating them like caring for them because you know that definitely in the end they still die.

4.4 Theme 3: Death as eventuality of HIV/AIDS

Participants experienced caring for HIV/AIDS patients as dealing with a situation in which the patient eventually died and this caused the participants to have no control over the situation.

A participant explained:

When this patient is terminally ill and if there is nothing we can do we just help him to die peacefully. If there is some treatments like the NGTs (nasogastric tubes) and whatever to let him die peacefully, we do that. In fact you don't want him to die but there is nothing you can do apart from what you are doing...

And

At present I feel like it's more helpful (to care for HIV/AIDS patients) because at this time the patient is desperate he is hopeless even the patient himself knows that the end result is death. So he needs psychological support, he needs all the comfort even if that patient was so uncaring for himself or he was reckless but at least this time he needs so much support.

As a result of the death that might occur to the HIV/AIDS patients, the participants were concerned about the family of the patients. A participant was concerned about the children of an HIV positive pregnant mother:

Most of the women that were coming in labour ward they were HIV positive, meaning that in any in each and everyday when their immunity has really gone down they are going to die so most of the kids they will stay without mothers. So it is a thing that I feel so sorry to my heart.

When the person suffering was the breadwinner for the family the participant was also concerned that the family would be without support when this person dies.

Personally I feel bad because there are so many people from his or her home that were depending on him and definitely the outcome is death. So it's hard to cope up because we know every care we are giving the eventual result will be death of the patient. So it's sad.

4.5 Theme 4: Providing holistic care

Providing support was seen as important to the care of the HIV/AIDS patients. The support was achieved by listening to patients, teaching, comforting and letting patients know through the participants' action, that they are worthy of the care and the care is not being delivered in a non judgmental manner. Sub-themes arising from providing holistic care were: teaching and communication, nutrition and family involvement.

4.5.1 Teaching and communication

The care for HIV/AIDS patients meant giving advice to the patients on how they were going to live and how they could prevent increasing the virus into their body and also how to prevent passing the virus to others.

This patient is chronically ill and he is always in hospital. Sometimes you give advice about how he can live... You also tell the patient not to worry but live positively and also not pass on the virus to others.

And

I just provide support and assist on the problems they have, because I know as of now we don't have medication which can cure this disease but I just give support and provide information which is necessary for them to prevent the increasing the virus in their body.

Caring for HIV/AIDS patients also meant involving the patients' spiritual life by encouraging the patients about the word of God that they should not lose hope, as

there is life after death. A third participant emphasized the need to give hope to these patients:

Myself as Assemblies of God church member I think also those people need spiritual care. Those people we know that they are dying, they are at a point of dying. I think even sometimes we should tell them about God sometimes you give them hope, some people you find that just being there I think they should hear something about God, you know it's not the end of the world. They may die but I think they will go and start another life, sometimes it's good as people who go to church that we have to share about God to these patients.

4.5.2 Nutrition

On the point of holistic care one of the participants observed that there is need for those patients to get proper nutrition as expressed below:

But the problem with me is that they only look for the wound they have, the infection of the patient but not looking for the only food is my concern, and they (hospital management) don't care about, food. I can say nutrition...

4.5.3 Family involvement

Raising the need for support for the family another participant said:

Sometimes you even teach the guardians what to do and when you are telling them it is also good to tell them maybe in the presence of the patient to tell them how they are going to take care of that patient especially when that patient 'mwina wavomereza kuti inedi matenda amenewawa ndili nawo ndiye mwina tikusamalani chonchi ndiyenso nayenso amakhala kufila kuti ayii I am at peace' [when the person has accepted that I have this disease and has been assured how he shall be taken care of, that patient feels that oh I am at peace].

The family was seen to be involved because the patient lives with them in the home so they need to know how to take care of the patient.

The care of an HIV patient may need so many components coming in to maintain his good health status unlike other conditions. But then when it comes to the patient with HIV/AIDS you may need a lot of things, spiritual support, other care givers like relatives coming in, they should take part in caring for that patient, things like those.

4.6 Theme 5: Patients' mood changes

The participants knew that HIV/AIDS patients are susceptible to conditions that make them behave in a manner that might not be acceptable for example being aggressive and violent. Sub-theme arising from this was a willingness to assist.

4.6.1 Willingness to assist

Participants indicated that they had a willingness to assist the HIV/AIDS patients despite the behavioural changes which might occur due to the patients' condition.

When we take care of HIV patients we should at least understand them because some of them we can start caring for them while their condition has already advanced, they've got dementia, you can be there and they can be just shouting at you, and doing this and doing this. You shouldn't take that as the patient is doing a-b-c and I am not going to help that way you cannot help the patient because if he has dementia he cannot be co-operative. Most of them are not co-operative these patients, and we should just understand them.

Another participant expressed similar views:

I work normally (when caring for aggressive patients) because we first counsel the patient we are doing this for a b c, if he doesn't understand, you go back and you come again, you try, if it fails, may be you can try the guardians, the best friends, those patients who have got this one is best to him and then you try to counsel the person. After counselling, may be they can come, and now has accepted just come and assist.

And

I feel good but then sometimes it's hard caring for an HIV/AIDS patient. Because usually, it's hard to please them because at certain stage it seems the brain too is affected. So they present some sort of dementia and become confused and very violent sometimes. But usually it's very involving caring for an HIV patient.

4.7 Theme 6: Fear of contracting the HIV

The participants experienced the care of HIV/AIDS patients as a situation where they were unsafe and at risk of contracting HIV therefore they were scared and afraid when providing care to HIV/AIDS patients. Sub-themes from this theme were: fear of contagion and the social stigma threat.

4.7.1 Fear of contagion

The participants had fear of contracting HIV through accidental needle pricks as well as getting in contact with patients body fluids as the narratives reveal:

It is very difficult because you have that mind to say whenever I get pricked for example you want to draw some specimen like the blood for VDRL that is Venereal Disease Research Laboratory research and blood for ESR, you are very afraid to say whenever you get pricked definitely there is that high chance of you getting that HIV, unlike to that one who is not HIV positive or whom you don't suspect that he or she has that HIV.

And

In caring for HIV patients what I had myself at first sight it's fear of contracting the virus. Because in most hospitals aseptic techniques are a problem, especially in the use of having gloves when doing some procedures that involve fluids. You find that they are out of stock and it becomes very difficult to leave the patient unattended because of gloves... I felt, I just try as much as possible to hold patient even though without gloves.

And

At first it was difficult for me because I was afraid of this contagious disease especially when putting up IVs (intravenous infusions) I was afraid of contracting the virus, even when giving IM (intramuscular) injections. But with practice I got used and that I knew I just had to care for these patients.

Another participant explained:

As I told you already at first when I was in first year in the first clinical placement, it took me time to understand it and start caring for them because I- I had that fear in me...through the influences which I was obtaining from the sister in charges, they were the ones explaining to me the pathophysiology of HIV/AIDS and how we spread it how we contract it and through their experiences and explanations they helped me to get courage.

4.7.2 Social stigma threat

There was also fear of stigma by one participant. She feared that if she gets HIV through accidental needle pricks people might say that she got it through immoral sexual behaviour yet she saw herself as innocent as is reported:

In our setting to nurse somebody who is HIV positive and there are it is something which is stigmatized in our situation as Malawians because people always do associate those that have HIV as having been practicing in fornication and those doing prostitutions and alike and for one to be caring for them and a-a-a it is something which you can't take it easily because you can say maybe accidentally I've pricked that patient and something a piercing instrument has also pricked me immediately I can get the infection from that patient yet I am innocent.

4.8 Theme 7: Obstacles to provision of care

Among obstacles to provision of care were inadequate knowledge on HIV/AIDS care, lack of medical supplies, high workload, minimal student support and denial of HIV status.

4.8.1 Inadequate knowledge on HIV/AIDS care

Since HIV/AIDS information care is ever changing, one participant felt that he did not have enough knowledge to help him comfortably provide care to the patients.

Because if you look at the content on HIV/AIDS in general nursing, it's just a small thing may be four or five pages but when we go out to work we find there are a lot of things. Now, students they graduate, they go to work in the wards they meet a lot of cases HIV/AIDS cases but they have little knowledge.

4.8.2 Lack of medical supplies

The constant lack of resources such as gloves was experienced as a difficult situation as the participants provided care to HIV/AIDS patients as the following statements state:

In most hospitals aseptic techniques are a problem, especially in the use of having gloves when doing some procedures that involve fluids. You find that they are out of stock and it becomes very difficult to leave the patient unattended because of gloves and there I felt, I just try as much as possible to hold the patient even though without gloves.

And

We have a willing to assist patients in the ward but we don't have enough to - to protect us especially from this deadly disease.

4.8.3 High workload

High patient workload made the participant feel frustrated that she has not done all the care she was supposed to provide to the patients.

Caring for HIV patients I can say it's challenging as daily you meet three quarters of the people who come in the ward you find that most of them their diagnosis are related to HIV/AIDS... there are so many needs that they need and you are the only one there in the ward it's really challenging for you to help each individual to have all the care they need. You find that most of the

times you have difficulties in caring for those patients. Mainly you can even see that this person I have not done much for, for what he needs.

4.8.4 Minimal student support

Participants expressed that they received minimum support from either their tutors or the qualified nurses regarding the care of HIV/AIDS patients. This is evidenced in the following assertions by participants:

The support is minimal they (tutors and nurses) are not always there to help us. It's difficult... we have tried to (seek support/assistance) but it's hard because even the number of patients that are our wards is larger than the number of nurses that are working in a shift ...

Another participant expressed:

...it may happen that you have a patient with no gloves but the patient is really in need our support, they(qualified nurses) say you are a student you are going to die earlier so stop that. So we do following them that ooh I am a student I have to leave it maybe continue it later.

4.8.5 Denial of HIV/AIDS status

The participants experienced HIV/AIDS as a “sensitive disease” which makes it difficult to explain to the patient. Most people do not want to hear that they are HIV positive hence it becomes hard to counsel patients about their condition and how they can manage it as the following quotes illustrate:

Caring for HIV/AIDS patients it's really hard because, this disease is very sensitive you meet patients who are in denial they don't want to hear that they are HIV positive or they are suffering from AIDS. So to explain to them it's really difficult and sometimes you find that in the hospitals you are not allowed to disclose the status of the patients you have to go through certain channels like telling the counsellors ...but many times still you disclose it

especially to guardians the patient is so distressed that he cannot accept the results and sometimes they are they give a lot of questions because maybe they know that I am suffering from AIDS but they don't want to hear it from any one else or to accept it so they say a lot of questions what am I suffering from is this AIDS? Or they say I am bewitched or what -what so you still try to explain.

Another submission:

When the disease has been diagnosed, counselling of patients becomes a problem because others do not accept at first, they are in denial.

One participant brought to attention the health workers' negative attitudes towards HIV/AIDS patients:

And even for us health workers, when the patient is diagnosed HIV positive most of us have got negative attitude towards that patient we just say iih! that one is reactive what more can we do? But we can do more to help that patient...I don't hold the same feelings (what more can we do since this person is HIV positive) but it's what we hear as we discuss ... that one is HIV positive what can we do, what else can we do is just waiting for the day. But for myself I feel those patients can be helped for now, these ARVs (Antiretroviral drugs) we treat them according to stage, if they are eligible to be given those ARVs I think it's good to give them that opportunity for the ARVs.

Participants expressed that it is hard at times to deal with relatives if the patient does not want his status to be known to others because the patient feels if people know his HIV status, he will be neglected:

The problem we are mostly facing is to get that news to guardians because we need consent from the patient to break the news to the guardians. If the patient refuses it becomes a problem for us because guardians will keep on coming wanting to know diagnosis. We draw blood you do this, what is the

diagnosis. We want to know. We suspect HIV and this and this but we can't break the news because the patient is refusing and it becomes very big problem. I think it's a belief for Malawians not to break the HIV news to the guardians they feel they will be neglected, they will be left alone in hospitals.

4.9 Summary of the findings

In general, the participants expressed a certain level of comfort in their provision of care and this comfort seemed to be coming from the acceptance that HIV/AIDS is among us. However, the participants still experienced some emotional feelings and try to hide these feelings from the patient. Having feelings for the patient meant feeling for what the patient is going through; pain and suffering. The participants felt sorry for the patient but at the same time they were helpless to do anything for the patient.

Apart from the emotional experiences the participants went through, they tried to provide care to the patient in a way that the patient should know that he is being cared for in a non discriminatory manner. This was sometimes shown by the nonverbal communication that the participants portrayed to the patients. The need to stand close to the patient was seen as a paramount action in the care of the patient. The closeness was also seen as communicating to the patient that he was an important person. The participants also experienced caring for HIV/AIDS patients as providing holistic care which was evidenced by caring for the individual patient as a whole. This meant meeting the patient's physical, psychological and spiritual needs. Psychological care meant listening to the patients concerns and giving reassurance as appropriate. Due to the illness, the patients may sometimes portray an aggressive or violent behavior, the participants saw this as part of the illness process hence they continued taking care of the patient. This also suggests that the participants have come to the full understanding as to the nature of the HIV/AIDS condition and hence are competent to provide care to such patients.

Caring also meant involving the patients' families because the patient has a terminal illness and they need to understand how the patient should be cared for. The family was also involved because everyone is affected by HIV/AIDS. However, sometimes it was hard to deal with guardians since the confidentiality of the patients diagnosis had to be maintained especially where the patient does not want his status to be disclosed to a third party.

The participants also experienced fear when caring for HIV/AIDS and this fear was observed to be diminishing with progression into the nursing course after gaining experience and more knowledge about HIV/AIDS. This experience also made the participant to gain courage as she cares for HIV/AIDS patients. To show that the disease is sensitive the participant also observed that even health workers have negative attitudes towards the patient. However, the participants had contrary view to this. They saw caring for the HIV/AIDS patient as of being supportive to the patient and not discriminating the patient on grounds of his/her disease condition.

CHAPTER 5: DISCUSSION, RECOMMENDATIONS AND CONCLUSION

5.1 Introduction

This chapter presents an exhaustive description of caring for HIV/AIDS patients, the essential structure of caring for HIV/AIDS patients and how the findings relate to the literature on caring. It also presents conclusions made about the study as well as recommendations and implications for further research.

5.2 Exhaustive description of caring for HIV/AIDS patients

The participants acknowledged that HIV/AIDS patients are individuals who need support. Being supportive to the patients was experienced as being a significant component of caring for the patients. The participants had feelings of sympathy and value for people and these motivated the participants to be supportive to the patients. Within the experience of caring was the mention of showing love to the patients when caring for them. This love went along with concern for the HIV/AIDS patients through demonstration of mutual acceptance of the patient. However this love was not differentiated from the love the participants experienced for either their friends or family.

Through communication the participants demonstrated a sense of interest in their patients by showing that they care. This demonstration of interest was achieved through listening, talking and being approachable to the HIV/AIDS patients. As participants talked and listened to the patients, they gave the patients advice and offered encouragement hence promoted a positive living in the HIV/AIDS patients. The participants also recognized that being educated in the knowledge and skills of caring for HIV/AIDS patients was important in helping them to build confidence to care.

5.3 Essential structure of caring for HIV/AIDS patients

This study demonstrated that the lived experience of caring for HIV/AIDS patients reflects the humanistic nature of nursing. The participants described their experience of caring for HIV/AIDS patients as a process of involving feelings together with professional knowledge, competence, and skill. Thus the essential structure of caring was identified as a process of acquiring competent skills regarding the care of HIV/AIDS patients as some participants expressed that they needed some support from the qualified nurses or their tutors when it was the first time to deal with HIV/AIDS patients or if they wanted to do a procedure they were not sure about on the patient.

Findings in the study suggest that participants in the study participate in delivering holistic and humane care to HIV/AIDS patients. Participants sympathized with HIV/AIDS patients and recognized the anxiety and distress that they experienced. However, the participants also experienced caring as causing fear in them and this caused an emotional conflict because the same patients, whom they sympathized with, were also feared. The participants worried about themselves that they might contract the HIV.

5.4 Findings as they relate to the literature

The lived experiences of the participants of caring for HIV/AIDS patients were filled with varied emotions. Their narratives were clear that the care of HIV/AIDS patients was associated with mixed reactions. The participants' experiences included being sympathetic, feeling for the patient, providing holistic care, experiencing obstacles to care for HIV/AIDS patients as well as the participants' fear of contracting HIV. Thus participants faced conflicting emotions that posed as personal and professional challenges in their care of HIV/AIDS patients.

The literature suggests that caring is a human phenomenon with personal and cultural dimensions (Leininger, 1988). Therefore these dimensions would have influenced the participants' experiences. Miller, Haber and Byrne (1988) stated that caring is the direct or indirect, nurturant, skill, activities, processes, behaviours related to assisting people in such a manner that reflects behavioural attributes which are empathetic, supportive, compassionate, protective, educative and other dependent upon the needs, problems, values and goals of the individual or group being assisted. The findings in this study are consistent with what Miller et al (1988) stated because in this study participants experiences were such that they were sympathetic, had feelings for the patient and provided holistic care to the HIV/AIDS patients.

5.4.1 *Valuing the patient*

The participants had value for the HIV/AIDS patients as human beings and awareness that these patients need their support in every manner possible. It appears that this recognition of human value led to the acceptance of the patients by the participants and hence they provided care with comfort and commitment to caring for the patients. Watson (1985b) explains that an important part of that care consists of the various supportive comfort measures and of the timeless ways of instilling faith-hope. The participants in this study appeared to have developed this understanding of instilling hope.

5.4.2 *Feeling for the patient*

The participants expressed sympathy towards the patients. Sympathy involves assuming the feelings of the patient, losing self identity, and having feelings of sorrow or pity (Anderson, 1990:39). The participants expressed pity associated with observing the pain and suffering of HIV/AIDS patients. In line with this finding Van Dyk (1992) stated that nurses feel sorry for HIV patients. Similarly, Omdahl and O'Donnell (1999:1357) found in their study that the participants voiced sympathy,

empathy and compassion. Another similar finding was made by Breaut and Polifroni (1992:23) whose study findings done in the USA revealed majority of the respondents interviewed experienced a feeling of helplessness in providing care to HIV/AIDS patients knowing that no sufficient cure or vaccine is available for HIV/AIDS. Anderson (1990:39) states that nurses who allow themselves to feel sorry for the patient will not only make the patient feel uncomfortable but will also put themselves at risk of rapid emotional burnout as patient problems are assumed as their own. While sympathy involves assuming the feelings of the patient, empathy on the other hand is the capacity to understand another's feelings and involves being sensitive to but not a part of the other person's feeling and to the changes in these feelings. Empathy is seeing the world through another person's eyes rather than weeping at the plight of another (Anderson, 1990:39). The sympathetic nurse expresses condolence while the empathetic nurse offers understanding, (Anderson, 1990:39). It was clear in this present study that the participants were weeping at the plight of HIV/AIDS patients. Although the participants showed sympathy to the HIV/AIDS patients, it appears that the participants have not yet matured enough to exercise empathy as their narratives indicated that they just felt sorry for the HIV/AIDS patients.

5.4.3 *Death as eventuality of HIV/AIDS*

Participants experienced that HIV/AIDS eventually resulted in patients' death and this caused the participants to have no control over the situation. The participants also pitied the patients' families because they knew that the eventual result of the patient's illness was death and their family members would lose someone who was assisting them financially. Despite these experiences, the participants still continued to care for the patients to assist them die a peaceful death. Watson (1985b) expresses that even when scientific medicine states that nothing can be done for a patient, the nurse can provide care.

5.4.4 *Providing holistic care*

The participants identified giving support as an essential component in the care of HIV/AIDS patients. This is consistent with what Watson (1985b) stated that giving support is an essential component in patient care activities. Similarly the Centres for Disease Control, CDC, (1998) recognized that giving support was also seen as of primary importance because of the terminal nature of the disease, the stigma attached to the disease and the lack of a known effective treatment.

5.4.5 *Patients' mood changes*

Participants acknowledged that the HIV/AIDS patients might be subjected to behavioural disturbances resulting from their illness. Some patients become aggressive and confused and as such they need to be understood and the nurses should continue giving care to these patients regardless of how they may behave towards them. Thus patients have to be cared for with a human face. In line with this view of the participants are the observations made by Sherman and Quellete (2000:275) who expressed that throughout the AIDS epidemic, there has been a call to health workers to approach HIV/AIDS patient care with humanistic and comprehensive attitude.

5.4.6 *Fear of contracting the HIV*

Apart from the human value which the participants attached to the care for HIV/AIDS patients, the participants also expressed that caring for HIV/AIDS patients meant dealing with fear which they experienced as they cared for the patients. Most of the participants expressed fear and insecurity when describing their experiences of caring for HIV/AIDS patients. Most of them reported experiencing fear of contracting the HIV virus because it is contagious and has no cure. This is consistent with findings by Breault & Polifroni (1992:22) who did a study on nurses found that all the subjects interviewed reported a degree of fear and perceived risk associated with caring for patients with AIDS. Similar findings were also echoed by Akinsanya & Rouse (1992:400) in a study where they found that hospital staff thought that doctors and nurses caring for HIV AIDS patients would run a risk of

infection. Therefore the feelings of the student nurses were justifiable because HIV is a disease that has caused much fear in many people globally. Also anticipating caring for AIDS patients may raise conflicting moral and ethical issues with which students have not yet come to terms (Lester & Beard 1988:403). In contrast though, the fear was not as intense as indicated by an earlier study done by researchers Van Wissen & Woodman (1994:1144) that revealed that many nurses expressed apprehension coupled with high levels of fear and anxiety when expected to provide care for HIV/AIDS patients. These authors recognized these feelings to nurses' lack of sufficient HIV/AIDS specific knowledge and nursing experience. In this present study the participants did not express these high levels of fear and anxiety when caring for HIV/AIDS patients. This may be due to the fact that all the participants in the sample were in the final year of their training and had formal lessons on the care of HIV/AIDS patients although some voiced that they felt inadequate in terms of the information they have learnt in class hence need for more in-depth and on-going training to be provided by the colleges.

When providing care especially for the first time as well as in the first years of the training, the students were more fearful. This finding was similar to that of Wiley and Acklin (1988:245) who did a study on the attitudes and fears of student nurse on the care of HIV/AIDS patients where the study revealed that the fear of caring for HIV AIDS patients was more during the first years of their nursing training. However with more contact and exposure to the patients in the ward, most participants reported a reduction in their level of fear as they got skilled, developed confidence and became more confident. There after they got skilled, gained confidence as well as competence and were able to provide care positively and with minimal fears. Similar findings were identified by Simeza (2002:25) who did a study on students' perceptions and experiences of caring for HIV/AIDS patients at two central hospitals in Malawi where students' fear of the students was exhibited in the formative years of the students' nursing program and tapered off in the senior years. Also similar findings are reported in the literature as indicated by Gignac & Oermann (1990:40) who did a study in which they found that nursing students with

more knowledge about AIDS expressed greater willingness to care for AIDS patients than those with little knowledge about AIDS. They observed that students in the senior year of the nursing program had significantly higher scores of willingness to care for persons with AIDS than students in other parts of the program and faculty.

The participants' fear was more intense in instances where the patients needed physical nursing care and where the participants were exposed to the body fluids of patients. The findings suggest that the type of procedures that these student nurses perform in the clinical areas influenced their concern about contagion. Participants' narratives also suggest that multiple levels of infection control precautions are used with patients. When it is known that a patient is HIV positive, additional precautions would be used. Fear of contagion may also contribute to lack of confidence in the reliability of universal infection control guidelines to protect them from contracting HIV in the clinical area.

5.4.7 *Obstacles to the provision of care*

Participants said they felt scared and unsafe in these situations of having inadequate medical supplies. In addition this caused the participants to be in a dilemma whether to continue assisting the patient without gloves. All the participants also expressed that they would apply extra measures to prevent themselves from getting the HIV infection. The participants did, however, express their concern with regard to the sometimes infrequent availability of gloves and other protective materials. In most instances the participants would leave the patient unattended as qualified nurses told them that they will die early if they risk touching the patient without gloves. However some participants indicated that they continued assisting the patient in every possible way even in the absence of gloves. This situation may not allow the participants to adhere to universal precautions guidelines hence putting the student nurses at risk of contracting the HIV as they care for the patients physically.

The International Council of Nurses (1996) described universal precautions as simple standards of infection control practices to be used in the care of all patients, at all times, to reduce the risk of transmission of blood borne infections. The guidelines which every nurse should know and adhere to when nursing the HIV/AIDS patients are: careful handling and disposal of sharps, hand washing before and after a procedure, use of protective barriers such as gloves, gowns and masks for direct contact with blood and other body fluids, safe disposal of waste contaminated with body fluids and blood, proper disinfection of instruments and other contaminated equipment and proper handling of soiled linen (International Council of Nurses, 1996). The International Council of Nurses continues to say that in many resource poor situations, it might not be possible to meet all the above requirements. However, working towards these goals should be the responsibility of nurses and midwives, other health workers and employers. The International Council of Nurses stresses that preventive measures are difficult to practice when supplies and protective equipment are not always available. It is recommended that priorities must be set and low cost alternatives sought. Yet, even when supplies are available, the use of universal precautions may be influenced by management policy, personal practices, attitude and complacency of health workers.

The data revealed that the participants at times compromise attempts to adhere to universal control guidelines in the situation where they had to touch the patients without gloves in procedures that would involve the participants to be in contact with the patients' body fluids. Similarly, McCann & Sharkey (1998: 269) as well as Schillo & Reisch (1993:1441) found in their study that if gloves and other protective equipment are awkward, no the right size and not readily available, nursing personnel are reluctant to use them. Another matter of concern was needle stick injuries that happen while caring for patients is a matter of concern. Participants indicated that the thought of becoming infected was distressing as a participant said:

It is very difficult because you have that in mind that I may I get pricked ...you are very afraid whenever you get pricked definitely there is that high chance of getting that HIV.

However Lester and Beard (1988:400) expressed that wearing gloves does not prevent needle stick injuries, but would prevent skin breaks from being exposed to infected blood when handling body fluids. Therefore it is important that the students understand the right to expect a safe environment with the proper implementation of universal precautions.

Some participants requested updated information and support in the area of HIV/AIDS. This is justifiable because the participants in the interview, the participants felt a sense of professional inadequacy, a common occurrence in the field of AIDS care (Miller 2000). Miller (2000) explains that HIV/AIDS has expanded the professional role of nursing and has increased concerns within the nursing profession about professional inadequacy in nursing staff and requests for further training. The students said they felt that they have inadequate information about how to care for HIV/AIDS patients. One of the participants said that he hears about new information all the time in the clinical area before their tutors tell them and he feels that he is not knowledgeable enough about the disease. This feeling of inadequacy may cause the participants to feel uncomfortable to discuss sexual behaviour and safe sex practices with patients and this too could impact on their willingness to provide even basic support or advice to the patients (Miller 2000).

Most of the participants said that they had minimal support from their tutors and qualified nurses which makes the student learning environment sometimes not so conducive to learning. The literature on stress in nursing of HIV/AIDS patients has found that supervisor support is most significant in reducing the effects of occupational stress (Bennett et al 1996:150). Having support in the workplace was significantly associated with nurses being empathetic towards patients rather than being detached and cynical about patients needs (Bennett et al 1996:150). These authors continue to say that supervisor support was also significantly related to nurses finding their work with HIV/AIDS patients rewarding, while those with no support were vulnerable to burnout and felt unrewarded and unrecognized in their work. The findings in this study of student nurses suggest that there is some lack of

supervisor support. However, even though support was at times minimal, the students still cared for HIV patients though with fear still in the circumstance of having inadequate resources such as gloves.

One student said that she would not go to any body for assistance because even if she went to this person it would not make any difference about how this student nurse feels as she said:

That would not help at all so there is no need to talk to someone and it is a feeling that you cannot control...

This statement could mean that the student felt that she could not talk to her supervisors about her problems.

5.5 Conclusion

Despite the fear of contracting the HIV that the participants had to deal with, they described caring for the patient as having value for human, acknowledging the patients suffering, letting them know that they will be cared for through love, concern, listening to their problems and helping them through difficult situations. Participants expressed that caring meant treating patients as human beings in a non-discriminatory manner. As the participants helped the HIV/AIDS patients, they also acknowledged that the patients are as important as any other human being. In this study most participants expressed less anxiety and calm in caring for HIV/AIDS patients. This could be attributed to their religious inclinations (all of whom were Christians and some mentioned the existence of God during the interviews). The participants were not overpowered by fear and they continued to care for the patients.

It is noted that this study has highlighted existing problems such as minimal student support from tutors and qualified nurses who are supposed to be the students' role models. There has also been a mention of shortage of medical supplies which makes it hard for the participants to provide quality care to the HIV/AIDS patients.

The participants need to have mentors who can help them deal with the experiences of caring for HIV/AIDS patients in a more positive manner. Since the student nurses are made to assume their roles as patient advocates, they need to be protected from infection so that their own needs are not neglected hence they need to be provided with protective materials. The training institutions need to organize themselves in providing a favourable environment for student learning which would eventually provide quality care to HIV/AIDS patients. Thus tutors could liaise with administration in their respective colleges to improve practical placements environment so that nothing hampers the students from rendering quality care to patients.

5.6 Recommendations

The following recommendations were formulated after summarizing participants' interview material:

- The nursing curriculum should be reviewed and designed in such a way that the students can develop skills to handle the emotional challenges inherent in the care of HIV/AIDS patients.
- Qualified nurses and tutors should offer significant support to students especially when it is the first time that the students are in contact with HIV/AIDS patients. This will enable students to cope with their fears of caring for HIV/AIDS patients.
- The training institutions should be proactive in acquiring new information about the care of HIV/AIDS patients because trends are always changing hence students need to be made aware of the changes for their own benefit and that of the patient.
- The academic service institutions should make sure that adequate medical supplies and protective equipment are available for the provision of quality care, as well as prevention of HIV transmission.

5.7 Limitations of the study

1. The perceived moral obligation around HIV/AIDS may have influenced participants to provide socially acceptable responses. Brink (1996) states that prior knowledge about the objectives of the study might influence participants into giving the researcher experiences that would fit accordingly. Probing questions were asked to minimize this phenomenon.
2. Exclusion of students in the lower levels of the programmes may have excluded invaluable information the beginning students might have brought to the study.

5.8 Suggestions for further research

Further research could be done in the colleges of nursing involving students from all levels of the nursing programmes so that comparisons could be made how students experience the care of HIV/AIDS patients as they progress in their training.

Since the study was only done on enrolled nursing programme, a cross sectional study could be done on both the registered and enrolled nursing training programmes to compare their experiences.

5.9 Dissemination of the findings

A report will be submitted to University of Cape Town library. The results will also be submitted for publication in an accredited, peer-reviewed professional journal. A presentation will also be given at the annual Malawi National Health Research dissemination meeting. In addition a report as well as recommendations will be submitted to the heads of the colleges of nursing in Malawi.



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University of Cape Town

Appendix 1

Letter of request to Colleges of Nursing.

University of Cape Town

Appendix 1

Kamuzu College of Nursing
Private Bag 1
Lilongwe
Malawi

The Principal

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.....
.....

Dear Sir/Madam,

Permission to conduct a study

I am a student registered for a Masters Degree in Nursing at the University of Cape Town. I would like to request for your permission to conduct a study among the final year students at your institution. The title of the study is "Experiences of student nurses in Malawi in caring for HIV/AIDS patients."

The aim of the study is to describe the experiences of student nurses in caring for HIV/AIDS patients. The findings of this study may suggest changes to the design, content, systems and other curriculum related activities pertaining to nursing education thereby indirectly benefiting the health care of people living with HIV/AIDS.

If permission is granted it will be necessary to interview 5 students who will be selected as a purposive random sample on voluntary basis.

Written consent will be obtained from each student individually and only those who give their consent will participate in the study and can withdraw from the study if they wish. To obtain the information regarding their experiences, the researcher will interview each of the participating students and a tape recorder will be used. The information obtained will be kept anonymous and confidential by use of code numbers. The findings of the study will be communicated to participating nursing schools and also be published in a professional journal.

The perceived risk in this study may be emotional stress that the interview may have on the participants in terms of the ethical conflict that may arise in trying to honestly express their feelings and experiences about caring for HIV/AIDS patients. If indicated, appropriate support will be provided to the participants.

Should further information be required on this matter please let me know.

Yours sincerely

Ezereth S. Kabuluzi (Mrs)
(Student number: ZNTEZE001)
Phone: (265) 8 326 409

Name of supervisor: Professor Julia Mekwa, University of Cape Town.
Phone: (021) 406 6321

University of Cape Town

Appendix 2

Letters of permission from :

- Nkhoma College of Nursing,
- St. Luke's College of Nursing
- Zomba College of Nursing

NKHOMA COLLEGE OF NURSING

P.O Box 48
NKHOMA

Tel: 01 751 917

Fax: 01 754 264

Email: Nkhoma@malawi.net

13 April 2005

Ezereth S.Kabuluzi
Kamuzu College of Nursing
Private Bag 1
LILONGWE

Dear Mrs. E.S. Kabuluzi

PERMISSION TO CONDUCT A STUDY

I write to inform you that permission has been granted to you to conduct a study at our college on Experience of Student Nurses in Malawi in caring for HIV/AIDS patients.

Wishing you all the best during your study.

University of Cape Town



P.O.BOX 21, CHILEMA
TEL: 01539215 FAX: 01539251
e-mail stlukescollegeofnursing@sdpn.org.mw

19th April, 2005

TO : Mrs. E. Kabuluzi
Kamuzu College of Nursing
Private Bag 1
Lilongwe 3

Dear Mrs. Kabuluzi

**APPLICATION TO CONDUCT A RESEARCH STUDY AT ST.
LUKE'S COLLEGE OF NURSING**

I write to acknowledge receipt of your application on the above subject.

I wish to inform you that you are granted permission to come and conduct your study here.

Best regards.

Yours sincerely

B. Mzunga (Mrs)
ACTING PRINCIPAL TUTOR



Malawi College Of Health Sciences
Zomba Campus

Tel: (265) 01524 662
01525826
Fax: (265) 524 015

P.O. Box 122
Zomba
Malawi

E-mail: mchszomba@malawi.net

Date : 7th April, 2005

From : Malawi College of Health Sciences, P O Box 122, Zomba

To : Mrs Elizabeth S Kabuluzi
Kamuzu College of Nursing, P/Bag 1, Lilongwe

Subject: **PERMISSION TO CONDUCT A STUDY**

Dear Madam,

Permission has been granted to you to conduct your study here at Malawi College of Health Sciences – Zomba campus on 20th April, 2005.

Yours sincerely,

L P Chidothe
Campus Director

should you experience any discomfort as a result of the interview, reasonable action will be taken to manage the discomfort.

The findings of the study will be communicated to the participating schools and also be published in a professional journal.

If you have any questions about this study and your participation in it, I will be glad to answer them now. You may also call me at the phone number given above.

Investigator's signature

Date

Participant's statement

The researcher, Ezereth Kabuluzi, has explained this study to me. I understand that participation is voluntary and should I withdraw from the study, this will not jeopardise my welfare as a student. I understand that the information that I will give will remain confidential. I give permission for this interview to be tape-recorded.

Participant's signature

Date

Copies to: Participant
Investigator's file

Appendix 4

Approval letter from University of Cape Town Research
and Ethics Committee



Research Ethics Committee
E53 Room 44.1, Old Main Building
Groote Schuur Hospital, Observatory,
7925

Queries : Xolile Fula
Tel : (021) 406-6492 Fax: 406-6411
E-mail : Xfula@curie.uct.ac.za

13 December 2004

REC REF: 422/2004

Mrs E Kabuluzi
Nursing & Midwifery

Dear Mrs Kabuluzi

EXPERIENCES OF STUDENT NURSES IN MALWI IN CARING FOR HIV/AIDS PATIENTS

Thank you for submitting your study to the Research Ethics Committee for review.

It is a pleasure to inform you that the Ethics Committee has formally approved the above-mentioned study on the 13 December 2004.

Your comments to the queries are noted with thanks.

Please quote the REC. REF in all your correspondence

Yours sincerely

PROF TI. ZABOW
CHAIRPERSON

Appendix 5

Approval letter from Kamuzu College of Nursing Research
and Publications Committee

University of Cape Town



University of Malawi
KAMUZU COLLEGE OF NURSING

RESEARCH AND PUBLICATIONS COMMITTEE

APPROVAL CERTIFICATE

TITLE: EXPERIENCES OF STUDENT NURSES IN MALAWI IN CARING FOR HIV/AIDS PATIENTS

INVESTIGATORS: EZERETH KABULUZI

DEPARTMENT: MEDICAL – SURGICAL

DATE CONSIDERED: 20TH JANUARY 2005

DECISION OF THE COMMITTEE:

Approved

DATE: 02.03.05 DEAN POSTGRADUATE STUDIES AND RESEARCH. *A. Dere*

DECLARATION OF INVESTIGATOR(S)

I/we fully understand the conditions under which I/am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. In case of any departure from the research procedure as approved, I/we will resubmit the proposal to the committee.

DATE: 02.03.05.....SIGNATURE(S).

Signed by candidate

Appendix 6

Approval letter from the Malawi College of Medicine

Research and Ethics Committee

University of Cape Town

**UNIVERSITY OF MALAWI**

Principal

Prof. R.L. Broadhead, MBBS, FRCP, FRCPC, DCH

Our Ref.:

Your Ref.: COMREC/10

College of Medicine
Private Bag 360
Chichiri
Blantyre 3
Malawi
Telephone: 677 245
677 281
Fax: 674 700
Telex: 43744

6th April, 2005

Mrs E. Kabuluzi
KCN
P/Bag 1
Lilongwe

Dear Mrs Kabuluzi,

P.04/05/298R – Experiences of student nurses in Malawi in caring for HIV/AIDS patients

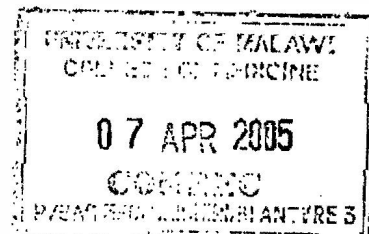
I would like to inform you that COMREC reviewed your proposal which you resubmitted for review at its meeting of 30th March, 2005. I am pleased to inform you that your proposal has been approved after considering that you addressed all the issues which were raised in earlier reviews.

As you proceed with the implementation of your study we would like you to take note that all requirements by the college are followed as indicated on the attached page.

Yours sincerely,

Dr N.I. Kumwenda
CHAIRMAN - COMREC

NIK/tck



Appendix 7

Significant statements, formulated meanings, sub-themes
and themes from the interviews

SIGNIFICANT STATEMENTS, FORMULATED MEANINGS, SUB-THEMES AND THEMES EMERGING FROM THE INTERVIEWS

SIGNIFICANT STATEMENTS	FORMULATED MEANINGS	SUB-THEMES	THEMES
<p>1. At first it was difficult for me because I was afraid of this contagious disease especially when putting up IVs I was afraid of contracting the virus, even when giving IM injections. But with practice I got used and that I knew I just had to care for these patients. Therefore I was treating HIV patients as any other patient as long as precautionary measures are followed. That's how we do it to do appropriate care to these HIV/AIDS patients. We care for HIV/AIDS patients just like any other patient who does not have HIV/AIDS.</p> <p>2. I feel comfortable and show a cheerful face so that the patient should not feel as if he is critically ill. I try also to make patient comfortable so he feels he is being adequately cared for. However, I have sympathy knowing that this person is suffering.</p>	<p>Fear faded with practice and knew that she had just had to care for the patient with precautionary measures. The student also sympathizes with patient however shows a cheerful face and feels comfortable. The student also hides reality from patient that he is very ill</p>	<p>Fear of contagion</p> <p>Mutual acceptance of patients</p> <p>Sympathy</p>	<p>Fear</p> <p>Valuing the patient</p> <p>Feeling for the patient</p>
<p>3. Often times there are no enough gloves and the like. So as I work I see that there are chances (of contracting HIV) because there is little protection.</p> <p>4. A piece of advice to the student nurses is that we should not discriminate against HIV/AIDS patients because they are people just like us. These patients are like any person else who comes to hospital for medical care. We need to give them all the care which is appropriate to them, and the care we can afford</p>	<p>Even though there are chances of contracting HIV. We should not discriminate against HIV/AIDS patients because they are people just like us</p>	<p>Recognition of patients as deserving humans</p>	<p>Valuing the patient</p>

SIGNIFICANT STATEMENT	FORMULATED MEANINGS	SUB-THEMES	THEMES
<p>5. My experience is that when I am caring for the HIV patient sometimes I feel so sorry that this one is HIV positive because some of them like these women they are young and they get pregnant while they are young and when they have been tested you found that they are HIV positive but to some of them when they have been told that they are HIV positive they feel so sorry for them and they live a sad life.</p> <p>6. But when I am in contact with an HIV patient and I am working with them I really took care of myself when I have known that this one is HIV positive when I am using a sharp instrument and when I have injected them I have to make sure that this needle should not inject me again. And when I am in labour ward mainly in labour ward because these people in labour ward there is a lot of fluids so I also make sure that I should not have these fluids should not spread into my body. But I feel so sorry to have these patients to have in contact with and I feel so sorry when I have heard that this one is positive.</p> <p>7. And mainly when I was working in Likuni most of the women that were coming in labour ward most of them they were HIV positive meaning that in any in each and everyday when their immunity has really gone done they are going to die so most of the kids they will stay without mothers. So it is a thing that I feel so sorry to my heart.</p>	<p>Feels sorry for the pregnant mothers and their kids that they will be without mothers when these women die. Also takes care of herself</p>	<p>Death as eventuality of HIV/AIDS</p> <p>Sympathy</p>	<p>Feeling for the patient</p>

SIGNIFICANT STATEMENT	FORMULATED MEANINGS	SUB-THEMES	THEMES
<p>8. As an individual it depends on the instrument that hospital I am using. Let's say that that hospital is well equipped, which means I will put on my gloves I put on an apron if that patient is coughing continuously I put on my mask which is clean then I will not fear anything, because that hospital is ready equipped is equipped and I have protected myself but if the hospital is not well quipped, let's say I am bathing the patient empty handed, without any gloves, mmm I cannot feel so happy because I am putting myself at risk</p>	<p>The fear is dependent upon whether the hospital is well equipped or not in terms of protective materials such as gloves. There is need for adequate resources to feel safe when providing care</p>	<p>Fear of contagion</p>	<p>Fear of contracting HIV</p>
<p>9. So you have conducted that delivery and you made that membranes to rupture and that fluid spread into your body may be the unfortunate thing may be it has spread into the ears, into the eyes so you feel so sad because definitely you have taken the thing (HIV), because the eyes is the thing that is delicate so there is the virus can go into.</p>	<p>If during provision of care patients body fluids splashes in the eyes or the eyes the student feels sad that she can contract the virus</p>	<p>Fear of contagion</p>	<p>Fear of contracting HIV</p>
<p>10. It was my first time to commence an IV on an HIV patient, I needed support with someone and that somebody should be nearby me, handle this thing carefully, do this thing, when you have injected this person remove it carefully and put sharp thing into a sharp disposal because without them I cannot do nothing because they are my tutors and I have learnt from them so they are the ones that are supposed to be the side of me. Really.</p>	<p>When a student is having an initial contact with an HIV patient needs support from tutors</p>	<p>Need for support</p>	

SIGNIFICANT STATEMENTS	FORMULATED MEANINGS	SUB-THEMES	THEMES
<p>11. On my experiences I was feeling so sad mainly on the people on the kids that are positive and too they are malnourished because I was working with, I will dealt much on malnourished people that's the third year part that I was working so I have dealt with them. I have dealt with them so many times and I have contacted them so many times so some of these people that are some of these children that are malnourished it's because they are HIV positive if you can get the history if they are getting this positiveness to from their parents so the some of these kids they are suffering the HIV because of the carelessness that their parents did.</p> <p>12. So I was feeling so sad and I was feeling so sorry because of these kids because they did suffer so much even if you give them we had F75 and F100 that was the thing that these UK people introduced for the malnourished people. F75 is the milk and even F100 is the type of milk that we do give to these malnourished people</p>	<p>Feeling so sad for the kid suffering from HIV because of the carelessness that their parents did</p>	<p>Feeling sorry but helpless</p>	<p>Feeling for the patient</p>
<p>13. It may happen that you have a patient with no gloves but the patient is really in need our support, they say you are a student you are going to die earlier so stop that. So we do following them that ooh I am a student I have to leave it maybe continue it later.</p>	<p>Students take cues from their mentors as they are being told just to leave the patient for fear of contracting the HIV</p>	<p>Minimal student support</p>	<p>Obstacles in provision of care</p>

SIGNIFICANT STATEMENTS	FORMULATED MEANINGS	SUB-THEMES	THEMES
<p>14. And if you chat with the parent most of them they didn't know who Jesus is, some of them they know but they are just going there just because they have been told that you have to go to the church through their parents. May be some of them through their granny but they haven't really made their mind on their own that I should praise God and really God is available. So I don't know what to do with these ladies but they are in Malawi</p>			
<p>15. I had difficulties to care for these patients because I had some ideas of what I learned in class and the other things that I had from my friends that when you are caring for an HIV patient when you your blood comes in contact with his or her blood you may also get the disease. So it was like 'ndimakhala ngati mwina mwake ndikuwasala but when pamene ndinadzamva za discrimination ndi zina ndizina ndinaganiza kuti I think it is bad bad kumamusala munthu amene ali ndi HIV.(it was like I was discriminating against them because I was afraid. when I heard about discrimination and the like, I realized it is bad to discriminate against an HIV person. Then I started taking care of them as anybody else may be someone with malaria or some other disease or suffering for TB. I treated them equally and up to now when I see somebody who is HIV positive and he has all signs of HIV/AIDS I treat him or her as somebody who has suffered from malaria</p>	<p>At first had difficulties to care for the patients but with time realized it is bad to discriminate against the patients therefore started caring for HIV/AIDS patients just like any other patients</p>	<p>Recognition of patients as deserving humans</p>	<p>Valuing the patient</p>

SIGNIFICANT STATEMENTS	FORMULATED MEANINGS	SUB-THEMES	THEMES
<p>16. I don't have it (fear) any more because I also see that when you are treating that patient with other patients that patient also becomes open to you and he or she becomes expressed himself very well and sometimes <i>monga ma patient omwe umawasal mwina amatha kufa msanga chifukwa cha mmene akuwapangira treat mzipataala komano ngati iweyo amene ukuwapanga treat ngati as a nurse or as a doctor or as anybody else amaona kutinso at least ndine munthu ofunikira</i> (if you discriminate against patients they might die early because of the way you re treating them in the hospital but if you as a doctor or nurse are treating them well as anybody else she feels that I am an important person).</p>	<p>When you are treating the patient as any other patient without discrimination he/she is free to tell you his concerns</p>	<p>Mutual acceptance of patients</p>	<p>Valuing the patient</p>
<p>17. I feel it very good because even that patient feels it good (when giving care to the patient). Sometimes you even teach the guardians what to do and when you are telling them it is also good to tell them mmm may be in the presence of the patient to tell them how they are going to take care of that patient especially when that patient <i>mwina wavomereza kuti inedi matenda amenewawa ndili nawo ndiye mwina tikusamalani chonchi ndiyenso nayenso amakhala kufila kuti ayii I am at peace</i>(when the person has accepted that I have this disease and has been assured how he shall be taken care of, that patient feels that oh I am at peace).</p>	<p>Guardians should be involved with the patients care so that the patient should feel at peace</p>	<p>Family involvement</p>	<p>Providing holistic care</p>

SIGNIFICANT STATEMENT	FORMULATED MEANINGS	SUB-THEMES	THEMES
<p>18. HIV/AIDS and other conditions like malaria is different because when you are suffering from this disease somebody literally knows that definitely one day I will die. Usually malaria also kills but when somebody knows that I am HIV positive, knowing that I am going to die with this disease, so when you give care, then you can improve the condition of that patient.</p> <p>19. <i>Ndekuti patient amene uja ujayo mwina mwake madziwa kuti aah! Mmene ndikusamalidwa pamenepapa anthu akundionetsa chikondi chimenechi sakundisala sakunditani aah! mwina mwake ndikhala moyo wautali. Muwauza kuti mukadwala malungo muzibwera sikuti mwafa kale ayi. Ndekuti patient uja amadziwa kuti mwina mwake ndikhala moyo wautali, ndithu</i>(the patient knows that the way I am being cared for people are showing their love to me they are not discriminating against me may be I might have a longer life. Also the patient is told to be coming to hospital because you have not died yet so the patient knows that may be he will have a longer life).</p>	<p>The patient should be cared for by showing love and not discriminated against even though she might know that she is dying</p>	<p>Recognition of patients as deserving humans</p>	<p>Valuing the patient</p>
<p>20. For the people who work in the hospital some of them show openly that they do not want to take care of the sick person let's take for example the person has shingles and you need to commence an IV just because he has shingles you are standing a distance away in a discriminatory manner and the patient sees that this person is discriminating against me but</p>			

SIGNIFICANT STATEMENT	FORMULATED MEANINGS	SUB-THEMES	THEMES
<p>what is needed is that after putting on gloves, you should talk to the patient in a loving manner and also and also stand close to him at least the person will feel at home. But if you discriminate that's when most people say they want to go home it is not that they want to go home but it is because of the way they are being cared for. So I think these people should not be discriminated against we the health workers should be the first ones to love them for sure.</p>	<p>Should be close to the patient and talk to the patient in a loving manner</p>	<p>Recognition of patients as deserving humans</p>	<p>Valuing the patient</p>
<p>21. In caring for HIV patients what I had myself at first sight it's fear, of contracting the virus. Because in most hospitals aseptic techniques are a problem, especially in the use of having gloves when doing some procedures which involve fluids. You find that they are out of stock and it becomes very difficult to leave the patient unattended because of gloves and there I felt, I just try as much as possible to hold patient even though without gloves.</p>	<p>Even though the risk of contracting HIV is there, the student tries as much as possible to touch the patient without when doing procedures which involve touching fluids though with fear</p>	<p>Fear of contagion Recognition of patients as deserving humans</p>	<p>Fear of contracting HIV Valuing the patient</p>
<p>22. When the disease has been diagnosed, counselling of patients becomes a problem because others do not accept at first, they are denial so that's the denial they conditioned it very AIDS, thereafter may be after counselling for some time, so, they can they accept</p> <p>23. the problem we are most facing is to get that news to guardians because we need to consent from the patient to break the news to the guardians if the patient refuses it becomes a problem for us because guardians will keep on</p>	<p>Counselling of patients becomes a problem because others do not accept at first that they are HIV positive and also refuse that the news (HIV status) should be told to guardians.</p>	<p>Denial of HIV/AIDS status</p>	<p>Obstacles to provision of care</p>

SIGNIFICANT STATEMENT	FORMULATED MEANINGS	SUB-THEMES	THEMES
<p>coming wanting diagnosis. We draw blood you do this what is the diagnosis we want to know. We suspect HIV and this and this but we can't break the news because the patient is refusing and it becomes very big problem because I think I think it's a belief for Malawians not to break the HIV news to the guardians they feel they will be neglected, they will be left alone in hospitals.</p> <p>24 And even for us health workers, when the patient is diagnosed HIV positive most of us have got negative attitude towards that patient we just say iih! That one is reactive what more can we do? But we can do more to help that patient.</p>			
<p>25. I don't hold the same feelings (what more can we do since this person is HIV positive) but it's what we hear from as we discuss kuti aah! that me is HIV positive what can we do, what else can we do is just waiting for the day, mmm but for myself I feel those patients can be helped for now, these ARVs we treat them according to stage, if they are eligible to be given those ARVs I think it's good to give them that opportunity for the ARVs.</p>	<p>Even though some health workers say that there is nothing we can do for HIV/AIDS patients but those patients still can be helped since now there are (antiretroviral drugs) ARVs</p>	<p>Holistic care</p>	<p>Providing holistic care</p>
<p>26. What I feel is also '<i>ndimamva chisoni</i>' I feel sorry (when in contact with HIV/AIDS patients) When this patient is terminally ill and if there is nothing we can do we just help him to die peacefully. If there is some treatments like the NGTs and whatever to let him die peacefully, we do that. In fact you don't want him to die but there is nothing you can do apart from what you are doing err.</p>	<p>Assist patient to die peacefully because nothing that can be done</p>	<p>Feeling sorry but helpless</p> <p>Death as eventuality of HIV/AIDS</p>	<p>Feeling for the patient</p>

SIGNIFICANT STATEMENT	FORMULATED MEANINGS	SUB-THEMES	THEMES
<p>27. When we take care for HIV patients we should at least understand them because some of them we can start caring for them while their condition has already advanced, they've got dementia, you can be there and you(meant they) can be just shouting at you and doing this and doing this, you shouldn't take that as the patient is doing a-b-c and I am not going to help that way you cannot help the patient because if he has dementia he cannot be co-operative most of them are not co-operative these patients, and we should just understand them at all.</p>	<p>we should at least understand the behaviour of the patient and continue caring for him because some patients become demented and shout at you</p>	<p>Willingness to assist</p>	<p>Patients' mood changes</p>
<p>28. I work normally (when caring for aggressive patients) because we first counsel the patient we are doing this for a b c, if he doesn't understand, you go back and you come again, you try, if it fails, may be you can try the guardians, the best friends, those patients who have got this one is best to him and then you try to counsel the person. After counselling, may be they can come, and now has accepted just come and assist.</p>	<p>Though patients might be uncooperative because of the dementia but as a nurse she works normally</p>	<p>Willingness to assist</p>	<p>Patients' mood changes</p>
<p>29. Caring for HIV/AIDS patients it's really hard because, this disease is very sensitive you meet patients who are may be are in denial they don't want to hear that they are HIV positive or they are suffering form AIDS. So to explain to them it's really difficult and sometimes you find that in the hospitals you are not allowed to disclose the status of the patients you have to go through certain channels like telling the counsellors mmm but many times still you disclose it e-e-</p>			

SIGNIFICANT STATEMENT	FORMULATED MEANINGS	SUB-THEMES	THEMES
e especially may be to guardians the patient is so distressed that he cannot mmm accept the results mm uuh and sometimes they are they give a lot of questions because may be they know that I am suffering from AIDS but they don't want to hear it from any one else or to accept it so they say a lot of questions what am I suffering from is this AIDS? Or they say I am bewitched or what what so you still try to explain.	Dealing with people who are in denial that they are HIV positive is difficult because HIV is a sensitive disease. Disclosure of HIV status by the hospital to staff or patient is a policy issue which makes it hard for those providing care especially students	Denial of HIV/AIDS status	Obstacles to provision of care
30. ...sometimes ha I feel sorry sometimes you are comfortable but anyway it depend on how sick the patient is.	Emotional feeling depends on the severity of the patients illness	Sympathy	Feeling for the patient
31. I feel very sorry (when caring for a critically ill patient) but still I care for that one so that he should have a comfortable mmm last minute I should say. Yaa I feel very comfortable.	Providing for a peaceful death of the patient	Sympathy	Feeling for the patient
32. Sometimes you have personal concerns (when patient is very sick) and it affects you Sometimes you think that if it was my mother or my father or if it was me yaa	When caring for HIV/IADS patients the student contemplates that if it was her mother or my father or if it was her	Sympathy	Feeling for the patient
33. Sometimes (when touching the patient) afraid yaa you might be afraid because you think that you can catch the HIV	sometimes(when touching the patient) afraid yaa you might be afraid because you think that you can catch the virus	Fear of contagion	Fear of contracting HIV

SIGNIFICANT STATEMENTS	FORMULATED MEANINGS	SUB-THEMES	THEMES
<p>34. I might be positive and infect a patient or a patient might be positive and infect me so we can have specific lessons on how to protect yourself and the patient mmm</p> <p>35. I just follow the rules like gloving or decontamination or I should say careful handling of mmm fluids from infected people</p>	<p>handles fluids from HIV/AIDS patients to protect self and the patient</p>	<p>Fear of contagion</p>	<p>Fear of contracting HIV</p>
<p>36. Caring for HIV/AIDS patients should not just be physical. We should also involve spiritual and psychological because those people are dying and they need our care and we should not talk may be in strange languages in the presence of the patient, it's very embarrassing because even if it was me very sick and someone is telling other people that you see that one she is going to die she has got AIDS so it's a good thing, yaa</p>	<p>Caring for HIV/AIDS patients should involve spiritual, psychological and physical aspects of care. Physical. Should not tell others who are not concerned about the patients HIV status</p>	<p>Holistic care</p>	<p>Providing holistic care</p>
<p>37. You point at patients that you that one you talk like that, so it's very disappointing and disgracing, and you should take this disease as let's say as or malaria or what because it's affecting each and everyone despite of colour or religious status or economic status. So we should just accept this. Yaa.</p>	<p>We should accept that HIV is affecting each and everyone despite colour or religious status or economic status. So we should just accept this.</p>	<p>Mutual acceptance of patients</p>	<p>Valuing the patient</p>
<p>38. When sometimes you know that this patient has been diagnosed with HIV positive a-a-a it comes to- to I become afraid of the patient in caring the patient. So I I make as much as possible to protect myself for protective measures.</p>	<p>When caring for the patient the student is afraid of contracting HIV so she protects herself however she also feels pity for the patient.</p>	<p>Fear of contagion</p>	<p>Fear of contracting HIV</p>

SIGNIFICANT STATEMENTS	FORMULATED MEANINGS	SUB-THEMES	THEMES
<p>So as to – pause- so as to kuti usatengere matendawa from the patient- (so that I should not contract the disease from the patient). To get the HIV from the patient, so I protect myself as much as possible not to get the HIV, but I also feel pity for the patient to according to the condition of the patient. To which in which he is she is I feel pity for the patient</p>		Sympathy	Feeling for the patient
<p>39. Like (protective measures applied) wearing glove when ta when doing other procedures like IV insertions, mmm like, like caring for the patient whenever the patient has vomited as make as much as possible not to get in contact with any fluids from the patient.</p>	Tries as much as possible not to get in contact with patients fluids	Fear of contagion	Fear of contracting HIV
<p>40. Just the condition in which he or she is I just feel pity for the patient, other condition are very much in need may be the patient is too emaciated, yaa, I just feel pity knowing that this patient will not although he might get better but probably she is dying, yaa. Silence: a-a-a I just feel pity for the patient</p>	Feels pity knowing that the patient is eventually going to die	Death as eventuality of HIV/AIDS	Feeling for the patient
<p>41. I feel good but then sometimes it's hard caring for an HIV/AIDS patient. Because usually, it's hard to please them because at certain stage it seems the brain too is affected, so they present some sort of dementia and become confused and very violent sometimes. Mmm but usually it's very involving caring for an HIV patient.</p>			

SIGNIFICANT STATEMENTS	FORMULATED MEANINGS	SUB-THEMES	THEMES
42. Ya, (it is involving caring for HIV/AIDS patients) because it involves several syndromes the diarrhea so that it is, in short form they need holistic care. Sure.	The student feels good when caring for an HIV/AIDS patient though it is hard and involving because the patients become confused sometimes. The patient needs holistic care which is spiritual, physical and psychological care.	Mutual acceptance of patients Holistic care	Valuing the patient Providing holistic care
43. Personally I feel bad because there are so many people from his or her home that were depending on him and definitely the outcome is death. So it's hard to cope up because we know every care we are giving the eventual result will be death of the patient. So it's sad.	Personally the student feels bad because there are so many people from his or her home that were depending on him and definitely the outcome is death. Finds it hard to cope with caring for a patient who will eventually die.	Death as eventuality of HIV/AIDS	Death as eventuality of HIV/AIDS
44. It's a feeling of hopelessness, there is no hope. Of course with the introduction of these ARVs there is some hope but it's not but so much hope. Yaa.	Student feels hopeless.	Feeling sorry but helpless	Feeling for the patient
45. The support is but it is minimal they (tutors and nurses) are not always there to help us. It's difficult.	Tutors and nurses are not always there to help the students	Minimal student support	Obstacles to provision of care
46. Yes, we have tried to (seek support/assistance) but it's hard because even the number of patients who are our wards is large than the number of nurses that are working in a shift, yaa, so it's hard to attend to every problem they are presenting, it's difficult.	The student cannot be helped because the number of nurses is not adequate to attend to the students as well as patients	High workload	Obstacles to provision of care

SIGNIFICANT STATEMENTS	FORMULATED MEANINGS	SUB-THEMES	THEMES
<p>47. Yes we are at risk (of contracting HIV) but at least if all necessary the equipment were present it would be avoidable, yaa, but usually we don't have often times gloves are not always present in our wards. So it's hard sometimes when collecting specimens you may infect yourself but usually I feel if the necessary equipment were always present it would be much better to prevent self infection, even cross infection to other patients.</p>	<p>Self and cross infection could be prevented if protective materials such as gloves were always available</p>	<p>Fear of contagion</p>	<p>Fear of contracting HIV</p>
<p>48. At present I feel like it's more helpful (to care for HIV/AIDS patients) because at this time the patient is desperate he is hopeless even the patient himself knows that the end result is death. So he needs psychological support, he needs all the comfort even if that patient was so uncaring for himself or he was reckless but at least this time he needs so much support.</p>	<p>Patient needs support even though he was reckless with his sexual life</p>	<p>Holistic care</p>	<p>Providing holistic care</p>
<p>49. At the mean time I would rather appeal for this newly introduced programme of ARVs and the continued programme of prevention of maternal to child AIDS infection transmission. Yaa. I feel it's more helpful to our pregnant mothers so that at least some of these lives could be saved</p>	<p>ARVs could save lives so pregnant women should be given the opportunity to receive the ARVs</p>	<p>Sympathy</p>	<p>Feeling for the patient</p>
<p>50. In the wards I feel, I feel comfortable because mostly a-a-a I find everything that is necessary for my protection as well as the patient. Of course here and there we our hospitals run short of gloves things like those small ones but within a while they are resupplied.</p>	<p>The student feels comfortable when caring for the patients when equipment necessary for protection is available. Also he has come to accept that HIV is among us and we just need to care for the patients.</p>		

SIGNIFICANT STATEMENTS	FORMULATED MEANINGS	SUB-THEMES	THEMES
<p>51. Because we have come to accept that HIV/AIDS is among us at least now for now me, me I accept it to say I care for those patients, wi without any problems</p>		<p>Mutual acceptance of patients. Lack medical supplies</p>	<p>Valuing the patient Obstacles to provision of care</p>
<p>52. the care of an HIV patient may need so many components coming in to maintain his good health status unlike other other conditions., but then when it comes to the patient with HIV/AIDS you may need a lot of things, spiritual support, other care givers like relatives coming in, they should take part in caring for that patient, things like those so I feel like that.</p>	<p>HIV/AIDS patient care needs spiritual support and involvement of relatives</p>	<p>Holistic care Family involvement</p>	<p>Providing holistic care</p>
<p>53. That way (giving a bath feeding the patient) I don't feel safe. Ha ha ha ha I don't feel safe because I I, why I say so because those patients a-a-a sometimes they may have skin conditions which are which may be contagious, now in our set up some health centres in hospitals that we work in as students we are denied access to protective wear because the staff, I mean qualified people feel they need to protect themselves than students. So they sometimes tell you there are no gloves because they feel when this box runs out we will have no gloves.</p>	<p>Student does not feel safe giving a bath to the patient without gloves</p>	<p>Fear of contagion</p>	<p>Fear of contracting HIV</p>
<p>54. They want to use those things (gloves) themselves, not the students. As a result students don't practise all the care that they can give to that patient. So I feel eer, it's not on</p>	<p>Lack of gloves makes the students not to practise all the care that they can give to the patient</p>	<p>Lack of medical supplies</p>	<p>Obstacles to provision of care</p>

SIGNIFICANT STATEMENTS	FORMULATED MEANINGS	SUB-THEMES	THEMES
<p>55. Caring for the patients yes, accidental needle pricks, can lead to that (contracting HIV), let's say I'm in the labour ward, I don't know this patient is has tested eeer negative or po I don't know this patient is negative or positive, then I get in contact with his or her blood sometimes I don't know I have a cut so I feel chances are high I can take HIV I can contract HIV</p>	<p>Student feels has a chance of contracting HIV especially if he has a cut that he does not know he has.</p>	<p>Fear of contagion</p>	<p>Fear of contracting HIV</p>
<p>56. Because if you look at the content on HIV/AIDS in general nursing, it's just a small thing may be four or five pages but when we to out work we find there are a lot of things. Now, students they graduate, they go to work in the wards they meet a lot of cases HIV/AIDS cases but they have little knowledge.</p> <p>57. They gain knowledge while at work and that knowledge may be, may not be right or may not be hundred percent right because they gain from I mean a few sources may be health workers and what they read on HIV/AIDS. But I feel the curriculum should have enough content to equip the students so that when they go out to work they should not e-e-e wait on to go for a workshop on HIV/AIDS, I feel that is causing problems cause we go out to work we know very little about HIV/AIDS and we wait to go to be sent to a workshop where we can get more knowledge</p>	<p>Students feel that the information they have about HIV/AIDS is inadequate.</p>	<p>Limited knowledge</p>	<p>Obstacles to provision of care</p>

SIGNIFICANT STATEMENTS	FORMULATED MEANINGS	SUB-THEMES	THEMES
<p>58. It is very difficult because you have that mind to say whenever I get pricked for example you want to draw some specimen like the blood for VDRL that is Venereal Disease Research Laboratory research and blood for ESR, you are very afraid to say whenever you get pricked definitely there is that high chance of you getting that HIV, unlike to that one who is not HIV positive or whom you don't suspect that he or she has that HIV.</p> <p>59. Mmm, myself I just feel fearful. I just have that fear the general one, to say may be you know I have that chance for me to get infected so I just have that fear.</p>	<p>Student being afraid of needle pricks because that will result in her contracting HIV.</p>	<p>Fear of contagion</p>	<p>Fear of contracting HIV</p>
<p>60. I have discovered that really HIV is, is, is ilipodi HIV M'Malawi, (HIV is a reality in Malawi) and I, I care every patient as, as HIV I don't select that this one is positive or negative I just care equally, and in my experience I have found that people with HIV, HIV/AIDS need more care and it's difficult to identify by looking that this patient has HIV or this one has not, hasn't have HIV. I protect myself when I am caring every patient I protect myself and I just regard everybody as had HIV.</p>	<p>HIV/AIDS patients need more care and should not be discriminated on condition of their HIV status</p> <p>Protect self from infection</p> <p>Protects patient from other infections as patient has low immunity</p>	<p>Recognition of patients as deserving humans</p>	<p>Valuing the patient</p>

SIGNIFICANT STATEMENTS	FORMULATED MEANINGS	SUB-THEMES	THEMES
<p>61. And I I show my love when I am caring I show all my love to the patient, all the needs the patient can need I don't select that may be HIV is a killing disease and I so I don't select I just give care where is necessary may be the patient needs certain medication on the problem she has I just give care and I don't even show that I don't want to care or else I know this, this disease is contagious I just care the patient I don't show signs of neglecting them, I just care with everybody but I make sure that I should protect myself or infecting myself or else introducing other infections to the patient since he patient has low immunity, I just prevent them from other diseases.</p>	<p>The student hides her feeling that she does not want to care, she just shows her love to the HIV/AIDS because has discovered that the patients need more care.</p>	<p>Recognition of patients as deserving humans Holistic care</p>	<p>Valuing the patient Providing holistic care</p>
<p>62. Me I feel sorry for this patient but I don't want to show that I I I this disease it's, it's a deadly disease really but I don't want to show them that they are going to die I just encourage them and provide any care which is necessary.</p>	<p>Offers encouragement to patient and not showing that he has a deadly disease</p>	<p>Recognition of patients as deserving humans Holistic care</p>	<p>Valuing the patient Providing holistic care</p>
<p>63. I do sympathize them with them but I can't do any more care to assist them, I, I just provide support and assist on the problems they have, because I know as of now we don't have medication which can cure this disease but I just give support and provide information which is necessary for them to pre to prevent the increasing the virus in their body.</p>	<p>The student sympathizes with the patient because she can not do anything to help. Medical science has not discovered the cure yet for HIV/AIDS</p>	<p>Sympathy Feeling sorry but helpless Holistic care</p>	<p>Feeling for the patient Providing holistic care</p>

SIGNIFICANT STATEMENTS	FORMULATED MEANINGS	SUB-THEMES	THEMES
<p>64. We have a willing to assist patients in the ward but we don't have enough materials to si to protect us especially from this deadly disease.</p>	<p>The students have a willing to care for the patients and enough materials should be provided to them (students) to prevent them from contracting HIV</p>	<p>Willingness to assist</p>	<p>Sensing patients' vulnerability</p>
<p>65. Aaah! My experience from the onset of my training as a nurse has been overwhelming, because you go in the hospitals you find those sick people.</p> <p>66. Of course we treat them symptomatically but you don't enjoy treating them because you know that in the long run in the end of everything they still die. So it hasn't been nice you treat them because they are human beings they need the treatment they need that care but you don't enjoy treating them like caring for them because you know that definitely in the end they still die.</p> <p>67. Well, it's not a nice feeling (you don't enjoy) it's it's a bad feeling that you have.</p>	<p>The knowledge that the HIV/AIDS patients will die, makes the student not to enjoy caring for the patients</p>	<p>Feeling sorry but helpless</p>	<p>Feeling for the patient</p> <p>Death as eventuality of HIV/AIDS</p>
<p>68. It's a feeling that you cannot control it but because the situation is different nature. You that know it's a virus, and it cannot be cured, and there is nothing that can be done. When that patient has a virus you she has it so it's a feeling that you can't control it but all you have to do as a care giver is give your support and your care just the way you can do with any other patient.</p>	<p>Though there is a feeling of hopelessness because the virus can not be cured, still more the patients should be given support by the care giver</p>	<p>Feeling sorry but hopeless</p> <p>Holistic care</p>	<p>Feeling for the patient</p> <p>Providing holistic care</p>

SIGNIFICANT STATEMENTS	FORMULATED MEANINGS	SUB-THEMES	THEMES
<p>69. I don't think that will help much because e-r-r it's a problem that is there and it will always be there. Its' a virus that may be some very big organizations are looking forward to may be have a cure for it and they are failing so I don't think there is much that can be done we just have to care for these patients the way we can, the best way we can.</p>	<p>We just have to care for these patients the way we can, the best way we can.</p>	<p>Holistic care</p>	<p>Providing holistic care</p>
<p>70. Aah what I can say is caring the care is the same with other patients since they came in our hospitals for I mean, they have come to seek our help we do not neglect even reacting in whatsoever, they are there as our patients we need to care them accordingly,</p>	<p>HIV/AIDS patients are not be neglected in terms of the care they are given.</p>	<p>Recognition of patients as deserving humans</p>	<p>Valuing the patient</p>
<p>71. To me I feel I feel sorry for these people some come from the rural areas and they have suffered for many years. Once they are coming to the hospital it's when the condition is worsening, has been worsened.</p> <p>72. Mmm ndimamva chisosni mmm in that I don't what I can say but to me I feel so much chisoni(I feel sorry for them)</p>	<p>Student feels sorry for the patient</p>	<p>Sympathy</p>	<p>Feeling for the patient</p>
<p>73. Mmm since I came in contact with them, it means even I I have to take care of myself , whilst I am touching this patient in terms of may be, if there is a bed bath it doesn't mean that I can provide bed bath with bare hands. I need to to put on gloves may be, and may be apron or mask, of course I am giving nursing care I can say so and also I have to see my risk that may be I can co contact the disease so I need to provide myself with care. Mmm gloves, mask before I get in contact with any body fluid to that patient .</p>	<p>The student takes care of herself by wearing gloves when touching the patient eg when giving a bedbath.</p>	<p>Fear of contagion</p>	<p>Fear of contracting HIV</p>

SIGNIFICANT STATEMENTS	FORMULATED MEANINGS	SUB-THEMES	THEMES
<p>74. So giving care whilst you are not protecting yourself (no resources available), of course it's charity work somehow, and somehow it's also a career uuh so I have to protect myself and provide total patient care to that patient. So all those two things need to work together with those resources available uuh</p>	<p>The student feels that she has an obligation to care for the patient but needs also to protect herself</p>	<p>Holistic care</p>	<p>Providing holistic care</p>
<p>75. Caring for HIV patients I can say it's challenging one as daily you meet if you are in the ward three quarters of the people who come in the ward you find that most of them their diagnosis are related to HIV/AIDS and in this in caring for them because there are so many needs that they need aaa you are the only one there in the ward it's really challenging for you to help each individual to have all the care they need and do in do doing you find that most of the times you have difficulties in caring for those patients. Mainly you can even see that this person I have not done much for, for what he needs.</p> <p>76. And you find that you have shortages of drugs, many things you are supposed to use there are shortages, hospitals are not able to cater for them because they are jus so many that the even the resources of the hospital it cannot meet all those needs.</p>	<p>The student cannot do everything for the patient because there are so many patients with a lot of needs and this poses a challenge to the student</p> <p>Patients needs are not met because there are shortages of supplies which are supposed to be used on a patient eg drugs</p>	<p>High workload</p> <p>Lack of medical supplies</p>	<p>Obstacles to provision of care</p>

SIGNIFICANT STATATEMENTS	FORMULATED MEANINGS	SUB-THEMES	THEMES
<p>77. The personal, aarr I am very sad because sometimes when I look at those people they way they are feeling, the feelings they are expressing in their bodies, some they are in so much pain. Talk of a person with KS you find that this person is really in pain but there is not much that you can do for that you may want to do more to relieve that person from that pain but you find that your limitation, there is nothing you can do.</p> <p>78. I am really touched and sometimes I even think God, may be if you wold only you can do something to end this disease. I am really touched, yaa</p>	<p>The student is touched by the patient's suffering due to pain but there is nothing that can be done because she has limited capacity to relieve the patient's pain</p>	<p>Feeling sorry but helpless</p>	<p>Feeling for the patient</p>
<p>79. We are at risk because it depends on how, how careful you are when you are dealing with these people, because thing of coming in contact with blood it's not that you are planning that I have to get in contact with blood but sometimes it happens accidentally, yaa. At that point you are scared even if I may get in contact with blood yaa</p>	<p>The student gets scared of coming in contact with blood accidentally</p>	<p>Fear of contagion</p>	<p>Fear of contracting HIV</p>
<p>80. I don't find that it's it's different (the care of an HIV/AIDS patient), because aarr we say that every patient is contagious! i think it's the care I take for for any may be a cholera patient or any other patient is the same ... I think every patient I think we just have to treat them just the same. We have to take the same care when caring for every ... patient.</p>	<p>An HIV/AIDS patient should be cared for just like any other patient.</p>	<p>Recognition of patients as deserving humans</p>	<p>Valuing the patient</p>

SIGNIFICANT STATEMENTS	FORMULATED MEANINGS	SUB-THEMES	THEMES
<p>81. Myself as a e-e-r-r assemblies of God church member I think also those people need spiritual care. Those people we know that they are dying, they are at a point of dying, I think even sometimes we should tell them about God sometimes you give them hope, some people you find that just being there I think they should hear something about God, you know it's not the end of the world. They may they may there they die but I think they will go and start another life, sometimes it's good as people who to church we have to share about God to these patients.</p>	<p>HIV/AIDS patients need spiritual care to give them hope since they are dying.</p>	<p>Holistic care Death as eventuality of HIV/AIDS</p>	<p>Providing holistic care Feeling for the patient Death as eventuality of HIV/AIDS</p>
<p>82. They (children) are the ones who are suffering now according aarr the older ones. And for the time this patient I know for the health workers we are just concerned with giving them just medication but for the nutrition we are not considering much.</p>	<p>Apart from medication HIV/AIDS patients need nutrition</p>	<p>Nutrition</p>	<p>Providing holistic care</p>
<p>83. My concern is that for these people to be cared for, we have to give them nutrition other than giving only medication because the one who is sick cannot only have the medication without proper food given. So my concern is that for the government to look for this patient, only I know that they are providing some medication whi which are free of charge, but they can consider that these people are getting medication but how are they eating. Some are very poor they come from villages so they don't have enough food to eat. So when they are getting some medication how are they going to eat at home? Are the only medication work when they don't have any enough food to eat?</p>	<p>The poor patients cannot afford to eat properly and need to be helped by the government to have enough food</p>	<p>Feeling sorry but helpless</p>	<p>Feeling for the patient</p>

SIGNIFICANT STATEMENTS	FORMULATED MEANINGS	SUB-THEMES	THEMES
<p>84. Nowadays I find problems just because a-a-r-r mainly in district hospitals you find that you are working there you don't have enough materials such as gloves. So it happens that sometimes you can inject yourself with a needle, already used on that patient so it's a problem I I care that patient but not all with all my heart with fears because I know that if I inject myself the, the needle which already injected with the patient it's a risk.</p>	<p>The student does not provide care to the patient with all her heart because she is afraid of the risk of contracting HIV.</p>	<p>Fear of contagion</p>	<p>Fear of contracting HIV</p>
<p>85. It's not different (the care of HIV/AIDS patient) because we care from deep down of your heart. But because of that reason that with this one is an HIV person, the the stigma we have since before the problem that makes the difference of caring the patient. But to me I don't see any difference of caring the patient. But to me I don't see any difference.</p>	<p>The student cares for the patient from deep down her heart however because of the stigma attached to HIV/AIDS sometimes might have problems</p>	<p>Willingness to assist</p>	<p>Sensing patients' vulnerability</p>
<p>86. Fluid you can you can go into contact with that fluid so it's a problem although we have some gloves or what but it's a problem these patients. So although you can go home and strip your still feeling that may be although we are saying that in HIV/AIDS you can't there is no contact with any fluid but it's not true you can get the HIV from blood to blood but I don't think so.</p>	<p>Even after going home, the student just thinks that may be she has contracted the HIV</p>	<p>Fear of contagion</p>	<p>Fear of contracting HIV</p>
<p>87. But sometimes no (not supported) because if we they say, it may happen that you have a patient with no gloves but the patient is really need our support, they say yaa you are a student you are going to die earlier so stop that. So we do as following them that ooh being I am a student I have to leave it may be to continue it later.</p>	<p>Though having a wish to assist the patient, the student does what the nurses are telling her (not to touch the patient without gloves)</p> <p>Though it is a hard decision to leave the patient unattended in the absence of materials,</p>	<p>Willingness to assist</p>	<p>Sensing patients' vulnerability</p>

SIGNIFICANT STATEMENTS	FORMULATED MEANINGS	SUB-THEMES	THEMES
88. It's not easy (leaving the patient unattended because there are no gloves) but you can't do otherwise. But for the patient it's sad.	the student still leaves the patient		
89. But the problem with me is that they only look for the wound they have, the infection of the patient but looking for the only food that is my concern, and they (hospital management) don't care about, caring for food I can say nutrition yaa.	The student feels the hospital management does not care much about the importance of patient nutrition	Feeling sorry but helpless	Feeling for the patient
90. I it was my first time to meet those patients who were diagnosed as having HIV and to me at first I felt it wasn't good for me to be caring for them because the rumours to se were spreading that if ever you have contact with them and you have got eer may be some lacerations on your skin or some cuts and the may be fluid or any I can say any body fluid from that patient it touches you, you are prone to develop that infection and I said ooh if that is the case then I will not be tempted to be closer to them. 91. And as time went by I was able to see have the sister incharges and other students were caring for them and then I developed courage saying okay if such is the case then I will be doing the same as long as I am protecting myself and the patient	First time the student did not feel like caring for the patient because of fear of contagion but with and time and observing other students	Fear of contagion	Fear of contracting HIV
92. To take care for them (HIV/AIDS patients)it needs I can say something which is holis which is holisitc because somebody you know a-a in our setting to nurse somebody who is HIV positive and there are it is something which is	The care of HIV/AIDS patients is holistic (spiritual, physical, psychological) Since HIV/AIDS is a stigmatized illness, the student can not take it easily if she gets a		Providing holistic care Fear of

SIGNIFICANT STATEMENTS	FORMULATED MEANINGS	SUB-THEMES	THEMES
<p>stigmatized, stigmatizing in our situation as Malawians because people always do associate those that HIV era as those having who have been practicing may be in fornication and those doing prostitutions and alike and for one to be caring for them and aaa it is something which you can't take it easily because you can say may be acci accidentally I've pricked that patient and something a piercing instrument has also pricked me immediately I can get the infection from that patient yet I am innocent</p> <p>93. And it is indeed something which is very challenging compared to a medically ill patient because for that one you know okay this one says suffering from malaria, you will be there with peaceful mind saying okay aaa malaria! There is nothing I can fear let me go there may be I take blood a blood sample for malaria parasites, or if I am I would like to check a-a haemoglobin level may be I can only go t there with my syringe and with my needle attached to it as well as the swab and a tourniquet I can go there without gloves and I I can get the vein aw well as can let it and find the blood without any fear, aah</p>	<p>needle stick injury because she thinks she is innocent</p>	<p>Holistic care</p> <p>Threat of social stigma</p>	<p>contracting HIV</p>
<p>94. As I told you already at first when I was in first year in the first clinical placement, it took me time to understand it and start caring for them because I wa I had that fear for me,</p> <p>95. Through the influences which I was obtaining from the sister incharges, they were the ones explaining the may be pathophysiology of HIV/AIDS and how we spread it how we</p>	<p>At first the student had fear but with explanations from the nurses they helped the student to get the courage to care for the patients</p>	<p>Fear of contagion</p>	<p>Fear of contracting HIV</p>

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<p>contract it and through their experiences and explanations they helped me to get that courage.</p> <p>96. maybe following the delivery of the placenta there could be a bleeding vessel somewhere may be in the vaginal walls or a cervix itself, a cervical tear to bleed s if there is something a tap is running somewhere and unknowingly the patient is HIV positive because nowadays others do accept to go for voluntary testing but others are clever, they don't want to go there may be I can take it it for granted that aah! May be this one might be free from that infection and I have a cut and I failed to cover that cut so this way down because you don't wear gloves but maybe on top of my other arms and when it sprinkles over me, with that penetration on my skin I am afraid I can contract it.</p>	<p>The student is afraid of contracting HIV through a cut which she has not covered</p>	<p>Fear of contagion</p>	
<p>97. Only it's just a concern because for those the setting in the labour ward it is indeed very risky because with the body fluids gushing from those patients it could be good it could happen that in all district hospitals as well as CHAM institutions if they could be keeping gynaecological gloves that the students and qualified nurses when conducting deliveries could be putting on those gynaecological gloves because they do fit up to into the elbows and one could stay away from may be those infections though they are not hundred percent effective.</p>	<p>Institutions should provide proper gloves for the labour ward so that students are protected from contracting HIV</p>	<p>Lack of medical supplies</p>	<p>Obstacles to provision of care</p>